

San Luis Dermatology & Laser Clinic, Inc.

15 Santa Rosa Street – San Luis Obispo, CA 93405
1551 Bishop Street, Suite 410 – San Luis Obispo, CA 93401

**ACKNOWLEDGEMENT OF PAYMENT POLICY AND
AUTHORIZATION TO RELEASE RECORDS TO MEDICARE & PRIVATE INSURANCE**

San Luis Dermatology & Laser Clinic, Inc. physicians are providers for ***MEDICARE ONLY***. Patients who are covered by ***Medicare*** will be responsible for paying their annual deductible, co-payment and charges for non-covered and/or cosmetic services. San Luis Dermatology & Laser Clinic, Inc. physicians are ***not*** providers for any ***private, commercial insurance plan***. Patients who are covered by private, commercial insurance plans will be required to ***pay in full at the time of service***. If full charges aren't available, a partial payment will be collected. San Luis Dermatology & Laser Clinic, Inc. will bill your insurance as a ***courtesy*** and will ask your insurance to pay you directly. Any unpaid balance regardless of the benefit coverage is ***your responsibility***.

I give permission to San Luis Dermatology & Laser Clinic, Inc. to share my personal and medical information, with Medicare and Private Commercial Insurance plans for billing purposes, assignment of benefits and for review of any contested charges and/or payments.

Name of Ins Subscriber: _____ Subscriber DOB: _____

Patient or Responsible Party Signature _____ Date _____