

Michael T. Lin
Patient Payment Policy

Thank you for choosing our medical practice. We are committed to providing you the best possible medical care. The following information is provided to avoid any confusion regarding payment for professional medical services. Our Insurance Billing Department will work with you to see that your claim is filed accurately and promptly.

Please sign below that you have read and agree to this Policy.

- **All deductibles and co-payments will be collected in *full* at the time of service.**
- If we are in-network with your insurance plan, we will ***not*** discount our services by any further amount after your insurance company has processed your claim and informed us of your responsibility.
- If we are not a contracted provider for your insurance company, we will bill them, as a courtesy, on your behalf.
- **It is our preference to establish a credit card payment plan that we will use for settlement of all your account balances.** Checks will only be accepted from established patients. For further details please call our accounting department.
- **PLEASE NOTE: Unpaid account balances will be assessed a \$10.00 re-billing fee for each statement generated after 90 days have passed. Late fees will begin accruing after 90 days.**
- If your account is overdue for more than 120 days after your insurance has paid, it will be referred to a collection agency. This is done reluctantly, as a last resort, after we have exhausted all efforts for voluntary payment.
- **New Patients, and those who have no insurance, are required to pay at the time of service with either a credit card or cash. We do not accept personal checks.**
- **Chemical Peels are no longer covered by most insurance companies.**

No Show Policy:

Please notify our office **24 hours in advance** if you are unable to keep your scheduled appointment. If you do not notify us and miss your appointment completely, we will require that you pay a **\$75.00 missed appointment fee** before we will book you another office appointment.

Acknowledgement and Authorization

I have read, understand and agree to abide by the above payment policy. I understand that charges not covered by my insurance company, as well as co-payment and deductibles, are my responsibility.

I authorize my insurance benefits to be paid directly to:

Michael T. Lin, M.D.

One-Time Authorization For Medicare recipients:

I request that my payment of authorized Medicare benefits be made to me on my behalf to Michael T. Lin MD., Inc for any services furnished me. I authorize holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services. Additionally, I request that payment of authorized Medi-gap benefits be made to either me or on my behalf to Michael T. Lin MD., Inc. for any services furnished by this provider. I authorize any benefits or the benefits payable for related services.

SIGNATURE: _____ DATE: _____