

**J. Kevin Duplechain, MD, FACS**  
**FINANCIAL POLICY AGREEMENT AND**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

Thank you for choosing J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is our Financial Policy and Agreement which we require that you read and sign before any treatment.

All new patients must complete our "Patient Portal" before seeing the doctor.

**General Payment Requirements** – Unless other arrangements are approved, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. We accept cash, checks, and credit cards. For surgery patients, any pre-operative visit charge and surgery copayment, based on insurance benefit verification, are due in full at the time of the pre-op visit. If payment in full creates a hardship, ask to speak with the manager to discuss other payment options.

For minors, the adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied, unless there is payment by cash or check at time of service, or insurance coverage has been verified. In such case, any applicable coinsurance or copayment must be paid in full.

If for some reason your out-of-pocket payment was too much, we will refund the overpayment to you where that amount is in excess of \$3.00.

**Assignment of Benefits and Rights** - If you have health and accident insurance coverage, including worker's compensation benefits, automobile insurance or Medicare, your signature of this document evidences your agreement to irrevocably assign and transfer all right, title and interest in any benefits payable under such programs to J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana. You agree to authorize and direct that any such payments be made directly to J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana. You further agree to irrevocably assign and transfer to J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana any and all of your rights to pursue administrative appeals of denials of claims for benefits and to assert legal claims or causes of action that may arise against my insurer or health plan for the wrongful denial of claims for benefits. This transfer and assignment shall be for the sole purpose of granting J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana the independent right of recovery against my insurer or health plan, but shall not be construed as creating an obligation to exercise such rights.

**Regarding Insurance** - This office will file on your behalf insurance claims for major in-office diagnostic and surgery procedures upon receipt of necessary insurance information. This is a service that we provide, but please remember that you may be ultimately responsible for payment if your insurer or health plan does not pay in full.

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You may be responsible for payment of the difference between the insurer's determination of what we should be paid and our billed charges.

We participate in several managed care plans. If you are enrolled in a managed care plan, you agree to cooperate and comply with all pre-certification or pre-authorization, benefit verification or other requirements.

We make an effort to understand the covered services under your plan. We also comply with insurance company pre-certification and insurance verification, however this does not guarantee payment. If your insurance company denies payment of services provided or does not pay for all services billed, you may be responsible for the balance.

I understand that I am fully responsible for all amounts, including deductible not met, equipment and supplies not covered by my insurance. I also understand that in the event my insurance carrier does not pay within 45 days from the day services were billed, I am responsible for payment in full within 60 days of notification.

**Past Due Accounts** - Open accounts with no acceptable\* payment activity for 60 days will be considered past due. A billing charge may be assessed to the account balance along with a finance charge of 1.5% per month. You may be responsible for the original past due balance along with these additional charges.

**Collections** - Open accounts with no acceptable\* payment activity for 120 days may be automatically placed with our collection agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees, and attorney fees and expenses incurred in collecting amounts owed.

(\*Acceptable payment on an account will be determined on an individual basis. Please contact the Manager if you intend to make payments on your account to avoid any misunderstandings.)

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana to release medical information and supporting documentation contained in my medical records maintained in this office to any entity that may be financially responsible for payment of expenses related to my treatment, including my insurer, health plan, Medicare, Medicare carriers, the Health Care Financing Administration and any external professional review organization acting on their behalf, for the purpose of administering benefits under such plans. If my treatment is work-related, I authorize J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana to release medical information regarding such treatment to my employer and/or its designee. I authorize J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana to release medical records to the applicable above-listed entities that may require medical record review pursuant to a quality improvement program.

This authorization specifically includes the release of medical information concerning substance use or abuse, nervous and mental disorders and infectious diseases.

I authorize J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana to release medical records and reports to any health care provider participating in the care rendered by J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana, including but not limited to referring physicians, hospitals, ambulance services or home health providers. I also authorize any other physician, laboratory, hospital, or other provider to release to J. Kevin Duplechain, MD, FACS/ Laser SkinCare of Louisiana all medical records, reports and X-rays necessary for my care.

*I CERTIFY THAT I HAVE READ THE FOREGOING FINANCIAL POLICY AGREEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION AND THAT I UNDERSTAND THE PROVISIONS THEREIN. I AGREE THAT I AM BOUND BY THE TERMS OF THIS AGREEMENT SO LONG AS I RECEIVE TREATMENT FROM J. KEVIN DUPLCHAIN, MD, FACS/ LASER SKINCARE OF LOUISIANA AND FOR A PERIOD OF ONE YEAR FROM THE LAST DATE OF SERVICE, UNLESS ANY PROVISION(S) ARE EXPRESSLY REVOKED IN WRITING AND RECEIVED BY J. KEVIN DUPLCHAIN, MD, FACS/ LASER SKINCARE OF LOUISIANA.*

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Name of Patient (Please print)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Patient