

Patient Information				
First Name		Last Name		MI
Marital Status Single Married Divorced Widowed		SSN	Date of Birth	Gender M or F
Preferred Language	Ethnicity Hispanic Latino Non-Hispanic	Race American Indian, Black or African American, Native Hawaiian Other Pacific Islander, White, Other, Decline to Specify		
Emergency Contact				
First Name		Last Name		MI
Home Phone	Work Phone		Cell Phone	
Your Phone Number, E-mail, and Address (Circle Preferred Phone Number)				
Home Phone	Work Phone		Cell Phone	
Email (Enables your patient portal)		Street address		
City	State		Zip Code	
Primary Insurance and Responsible Party (Guarantor) Same as patient Y or N				
Insurance Co.	Policy #		Group #	
First Name		Last Name		MI
Date Of Birth	Gender M or F		SSN	
Secondary Insurance and Responsible Party (Guarantor) Same as patient Y or N				
Insurance Co.	Policy #		Group #	
First Name		Last Name		MI
Date Of Birth	Gender M or F		SSN	
Pharmacy				
		City	State	
Primary Care Provider				
Full Name		City	State	
Referring Provider				
Full Name		City	State	

X

Signature of Patient/Responsible Party

Date



59 One Mile Road Ext, Suite G

East Windsor, NJ 08520

609-443-4500 - main

609-426-0530 - fax

www.WindsorDermatology.com

Thank you for choosing Windsor Dermatology. To simplify and speed up your payment processes, we are happy to offer three additional choices along with our standard payment options:

JERRY BAGEL, M.D.

JUDIT O. STENN, M.D.

DAVID S. NIEVES, M.D.

MATTHEW HALPERN, M.D.
Fellow, American College
of Mohs Surgery

BRIAN R. KEEGAN, M.D., PhD.

WENDY A. MYERS, M.D.

JESSICA SIMON, M.D.

*** Credit Card on File (CCOF)**

*** Online Bill Pay (available 24 hours a day)**

*** CareCredit**

You may now keep your credit card on file (CCOF) if you choose. Credit cards on file may be used to pay account balances after insurance has paid its portion. This makes it easier to pay deductibles and coinsurance whose amounts are not calculated by the insurer until days or weeks after the visit. Card numbers are stored securely throughout our HIPAA-compliant First Data credit card scanners or machines, administered by a financial institution. For your protection, only the last 4 digits of your card will appear in our system. You will be notified via email or phone message prior to any charge being placed on your credit card.

Online bill pay. Account balances can now be paid online via a secure link on our website. This feature is available 24 hours a day and it's speedy and convenient. Go to www.windsordermatology.com and click on "pay my bill".

CareCredit. CareCredit is a health and wellness credit card designed specifically for patients interested in financing out-of-pocket health care expenses. This offers you a resource to help pay for care immediately. You may use it for cosmetic procedures, deductibles, balances, or products. Balances may be paid monthly and may be interest-free for up to six months.





Credit Card on File Agreement

We have implemented a policy which enables you to maintain your credit card information securely on file with Windsor Dermatology, PC. In providing us with your credit card information, you are giving Windsor Dermatology, PC the option of having us charge your credit card on file for your co-pay(s), coinsurance and or any outstanding balance(s).

Co-pays: Co-pays are due at time of the office visit.

Balances: If your insurance provider has paid their portion of your bill and there is still a remaining balance owed, Windsor Dermatology, PC will mail one statement. If not paid within 30 days Windsor Dermatology, PC, will provide a courtesy phone message or e-mail prior to charging any balance owed by you to your credit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Services and Products: Self Pay services, Cosmetic fees, and Product fees are due at time of the office visit.

This card will only be authorized for the use of the credit card holder or any person(s) listed below by the credit card holder. **This agreement will expire on your credit card expiration date listed below.** You will be required to provide us with a new card. The card holder may also revoke this consent at any time in writing.

Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Credit Card Holder's Name: _____ DOB: ____ / ____ / ____ <i>(Please Print)</i>			
Credit Card Number: _____			
Expiration Date: _____		CCV: _____	
Please fill out information below for any other person/s you authorize this credit card for:			
Patient Full Name: _____		DOB: ____ / ____ / ____ <i>(Please Print)</i>	
Patient Full Name: _____		DOB: ____ / ____ / ____	
Patient Full Name: _____		DOB: ____ / ____ / ____	

Authorized phone number for messages: _____

Authorized e-mail: _____

Credit Card Holder's Signature: _____ Date: _____



COSMETIC FINANCIAL POLICY

Thank you for choosing Windsor Dermatology as your cosmetic dermatology specialists. Please review our policy carefully before scheduling your upcoming treatment in order to avoid any misunderstanding and/or confusion.

SERVICES THAT REQUIRE A NON-REFUNDABLE DEPOSIT:

- **CoolSculpting:** A \$300 deposit per session is due at scheduling.
- **Lasers (IPL, PDL, resurfacing):** A \$50 deposit is due at scheduling.
- **PICO-Tattoo Removal:** A \$500 deposit is due at scheduling.
- **Injectables and laser hair removal:** A \$50 deposit is due at scheduling for appointments 30 minutes or longer.
- **PRP:** A \$50 deposit is due at scheduling.
- **Hydrfacial:** A \$50 deposit is due at scheduling.

PAYMENT OPTIONS

All balances are due at the time of service. We accept cash, personal check, and major credit cards. We also offer CareCredit, a convenient financing option for health care expenses. Please ask our reception staff how to apply.

CANCELLATION POLICY

We understand sometimes situations arise which would require you to postpone your appointment. Cancellation provided with short notice prevents our staff from making time available for other patients waiting to be seen. We ask that as soon as you become aware of the need to cancel/postpone your appointment, you notify our office at once.

- If you cancel 7 or more days before the appointment, the deposit will be applied to the new date
- If you cancel less than 7 calendar days before the appointment, the deposit will be forfeit

For cases in which the full cost of the procedure was paid in advance (i.e. to secure a prepayment discount), then the amount paid in excess of the deposit will be refunded based on the calendar days advance notice provided:

- 7 or more calendar days notice: 100% refund of the excess
- 5-6 calendar days notice: 75% refund of the excess
- 3-4 calendar days notice: 50% refund of the excess
- 2 calendar days notice: 25% refund of the excess
- 0-1 calendar days notice: no refund

For any appointment cancelled by Windsor Dermatology, all funds paid will be refunded.

I have read the above and have a full understanding of my financial responsibility.

Patient Signature

Print name

Date