PENINSULA
DERMATOLOGY
and laser clinic
Silverdale
Gig Harbor

CONSENT for Financial Agreement

Assignment, Release and Financial Agreement: I authorize treatment of the person named above and agree to pay all fees for such treatment. I hereby authorize my insurance benefits to be paid directly to the provider or service and I understand that I am financially responsible for non-covered services. I also authorize the physician to release any information required. I agree that I will not withhold or delay payment if my insurance company denies payment of any charges or pays the payment directly to me. I am financially responsible for a billing fee and understand that balances over 60 days may incur a billing fee or $5.00 per month, with a minimum charge of $1.00 per month. I have also been informed of the $25.00 fee (per RCW 62A.2515$520) on checks returned for NSF. IN the event it should become necessary to place any unpaid balance due for services rendered to me or my family for collection, I/we agree to pay interest, collection fees and should legal action be filed, reasonable attorney fees, filing fees and other costs the court determines proper.

Medicare Authorization: I authorize the doctor to release to the Federal Government or its designated agent information on this or related medical claims. I permit a copy of this authorization to be used in a place of the original and request payment of my insurance benefits are made to me or the doctor if assignment is accepted.

Phone Message: I authorize Peninsula Dermatology & Laser Clinic to leave messages at my home or alternate number I have provided for all administrative issues.

Eric Rasmussen, MD • Jack Sebben, MD • Victoria Heinz, ARNP • Juliene B. Bottom, PA-C • William R. Bies, PA-C • Jan Rasmussen, RN
3505 NW Anderson Hill Road, Suite 201 • Silverdale, WA 98383 • Telephone 360.698.6859
4700 Point Fosdick Drive NW, Suite 219 • Gig Harbor, WA 98335 • Telephone 253.851.7733
www.peninsulaskincare.com