

# Summerlin Dermatology

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702-243-4501

[www.summerlinderm.com](http://www.summerlinderm.com)

## **Financial Agreement**

I acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents, guardians or personal representatives are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges for services or items provided to me, to my minor/child, or to the patient for whom I have legal responsibility. I understand that filing a claim with my insurance company does not relieve me from my responsibility for the payment of all charges.

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Signature of Patient, Parent, Guardian or Personal Representative

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Date