Name:
DOB:
Chart:
Age:
Date:

Financial Policy

Thank you for allowing us to participate in your care. The following is our financial policy.

Regarding insurances with which we participate: We will file a claim with your insurance company. You are responsible for your co-pay and any deductible at the time of service.

Regarding HMO's requiring a referral: Obtaining the referral for the correct dermatological problem is the patient's responsibility. If a referral is not obtained for the problem you wish to have addressed, the total cost of the visit is due at the time of service.

Regarding non-covered services: Services which your insurance company determines are not medically necessary will not be reimbursed by your insurance company. Examples of such services are removal of skin tags, normal moles, and benign keratoses. The total cost of the visit is due at the time of service.

General responsibility for payment: You are responsible for payment of any office visits or procedures for which your company denies payment. We will attempt to advise you when we think a procedure might be denied. However, it is sometimes not possible to predict whether a company will reimburse prior to submitting the insurance claim. **We advise that prior to any procedure, you should check with your company regarding reimbursement.**

Regarding insurances that we do not contract with: The total cost of the visit is due at the time of service.

We do not bill other parties such as financially responsible parents or employers. When a minor is present for care, the person presenting the minor is responsible for payment at the time of service.

For you convenience we accept cash, check, MasterCard, and Visa.

If at any time you are concerned about the cost of services, you may ask to speak to someone from the business office to discuss your issues.

Please call and cancel at least 24 hours before your appointment to help us accommodate other patients.

Your signature below indicates that you understand and accept the policy.

Patient Signature _____ Date _____