

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, in order to receive the maximum allowable benefit, we need your assistance and understanding of our payment policy.

If the provider does not have a contractual agreement with your insurance company, payment for service is due at the time services are rendered. We accept cash, checks and credit cards. We will be happy to help you process your insurance claim for reimbursement.

We will gladly discuss proposed treatment and answer any questions relating to your insurance. Please note the following:

1. Our fees are generally considered to fall within acceptable range by most companies; they are covered up to the maximum allowances determined by each carrier. Thus, our fees are considered to be usual and customary by most companies. This statement does not apply to companies who reimburse on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
2. Not all services are covered benefits of all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. All co-payments are to be made at the time of service.
4. If your insurance requires a referral and/or authorization, it is **YOUR RESPONSIBILITY** to supply this to our office prior to being examined. **IF A CLAIM IS DENIED BECAUSE YOU ARE SEEN WITHOUT A VALID REFERRAL, YOU WILL BE RESPONSIBLE FOR ALL CHARGES.**
5. **You are responsible for informing us of any changes in your insurance plan or policy. Failure to do so may result in denial of coverage and you will be held responsible for the fees.**
6. Returned checks are subject to a \$35 service fee.

NOTICE FOR PATIENTS WITH MEDICAID: WE DO NOT PARTICIPATE WITH ANY MEDICAID PLANS. IF SERVICES ARE PERFORMED, YOU WILL BE RESPONSIBLE FOR ALL CHARGES.

CANCELLATION POLICY

Late cancellations and missed appointments can prevent other patients from receiving much needed care.

STANDARD APPOINTMENTS MUST BE CANCELED BY 10:00 AM THE DAY PRIOR TO YOUR APPOINTMENT. FOR MONDAY APPOINTMENTS, CANCELLATION MUST BE MADE BY 2:00 PM ON THE FRIDAY PRECEDING YOUR APPOINTMENT. FAILURE TO DO SO WILL RESULT IN A \$50 NO-SHOW FEE.

SURGERY APPOINTMENTS (EXCISIONS AND MOHS SURGERY) REQUIRE A LARGER BLOCK OF TIME AND MUST BE CANCELED THREE DAYS IN ADVANCE. FAILURE TO DO SO WILL RESULT IN A \$100 FEE.

The no-show/late cancellation fee will be billed to you directly and is not covered by insurance. We understand that emergencies arise, in these cases or if you are having financial difficulties and must be seen for a follow-up appointment, please contact us and speak to our office manager.

We must emphasize that as health care providers we are dedicated to providing the best treatment for our patients. We will do our best in the filing of insurance claims, however, all charges are your responsibility from the date services are rendered.

Thank you for understanding our Financial Policy. If you have any questions, please call and our office will be happy to assist you.

By signing below, I acknowledge the above policy and authorize the release of any information necessary to determine liability for payment and to obtain reimbursement or request that payment of authorized benefits to be made on my behalf. I assign the benefits payable, to which I am entitled, Medicare, Private Insurance, and any other health plans to Dermatology and Skin Cancer Center.

I have read and understand the Financial Policy of Dermatology and Skin Cancer Center.

Signature

Date

Print Name