

## DERMATOLOGY ASSOCIATES PATIENT FINANCIAL POLICY EFFECTIVE 11/1/14

If you have a deductible amount for your insurance policy, we will be collecting a portion of the deductible amount at the end of your visit. The portion you will pay is \$ 67 for an office visit and surgery or \$ 600 for Mohs surgery. If you bring paperwork from your insurance company showing you have met your deductible, we will not collect a portion of the fee.

It is your responsibility to contact your insurance company and confirm that our practice participates with your insurance company, to know your copay obligations for Specialist visits and to know your insurance company's referral policies for specialist visits.

For HMO patients, it is your responsibility to obtain a referral to our office from your Primary Care Physician. If the referral is not in place with your insurance company on the date of your visit, you can pay for your visit when you check out and request payment by your insurance company directly to you or reschedule your appointment. For HMO patients, we recommend you contact your insurance company prior to your appointment to confirm your visit has been authorized.

Co-payments are due on the date of your visit. It is your responsibility to know your co-payment amount.

All cosmetic procedures or self-pay procedures are payable at the end of your visit.

We accept Visa, Mastercard, Discover, American Express, personal checks or cash.

Returned checks are subject to a \$50.00 service charge and will terminate your privilege to pay by check in the future.

We provide an appointment reminder by phone 4 working days before your appointment. If you do not cancel by 3:30pm 3 working days before your appointment, or you do not show for your appointment, you will be charged \$200.00

It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance. If you fail to pay your bill this could result in turning your account over to a collection agency.

We are very sorry for any inconvenience.

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Patient Signature

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Date