



FINANCIAL INFORMATION

PAYMENT: Payment is due at the time service is rendered. We are prepared to accept cash, check, MasterCard, or Visa. If you are covered by insurance in which we participate, we will collect your office visit co-payment.

REFERRAL: If your insurance provider requires a referral in order to authorize payment for the services of a specialist, you must obtain that from your Primary Care Provider before the appointment. Please call your HMO or MCO for details.

COURTESY: As a courtesy we accept insurance as a method of payment; however, insurance should not be considered a substitute for total payment. It is ultimately your responsibility to pay any deductible amount, co-insurance, cost-share, non-covered, non-allowed, or any other balance not paid by your insurance plan.

PERSONAL FINANCIAL SITUATIONS: If you are aware of a financial situation that will delay full payment of your account balance, we encourage you to contact our office as soon as possible.

NO SHOW POLICY: Dermatology and Cosmetic Surgery is responsible for providing timely care for many patients with serious and often urgent problems. Late cancellations and/or missed appointments adversely affect our ability to provide needed care for our patients.

It is extremely important to keep your appointment.

Failure to call our office 24 hours prior to your scheduled appointment could deny another patient an earlier appointment.

We understand that circumstances beyond your control may arise, causing you to miss your appointment. However, you should be aware of the following consequences for not showing for your appointment **without at least 24 hours of notice:**

1. We will charge a \$25 no show fee for all regular doctor appointments.
2. We will charge a \$50 no show fee for surgical and cosmetic appointments.
3. You may be discharged from the practice if you have three no show visits within one calendar year.

I have read the above disclosure statement and understand fully that I am responsible for the above financial information.

PRINT PATIENT NAME

Patient Signature (Parent Signature if Patient is a minor)

Date