



FINANCIAL POLICY

Thank you for choosing our practice as your healthcare provider. We are committed to the success of your treatment. We believe that in the interest of an ongoing mutually satisfying doctor/patient relationship, it is important to clearly state the terms of our service. **Patients or responsible party must complete and sign our information forms prior to treatment.**

PAYMENTS

Full payment, co-payments, co-insurance or non satisfied deductibles are due at the time service is rendered. We accept Cash, Checks, MasterCard and Visa.

INSURANCE PLANS

PARTICIPATING - We are contracted with many major insurance carriers. Per this agreement we are contractually required to collect co-payments/coinsurance and deductibles at the time of service. You may be responsible for additional out of pocket costs if your claim is denied as a result of a "non covered service", "maximum benefit", "not medically necessary", plan termination, pre-existing condition or for other portions not collected at the time of service.

NON-PARTICIPATING. Your insurance policy is a contract between you and your insurance company. Dermatology and Skin Cancer Center is not a party to this contract. We will expect payment in full at the time service is rendered. As a courtesy we will file the claim on your behalf and your insurance carrier will reimburse you directly based on the provisions of your contract. For non contracted insurance carriers we are not bound by contractual reductions. Our practice is committed to providing the best treatment for our patients and we charge what we consider to be appropriate for the expertise involve in your care.

PLEASE BE ADVISED IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES TO YOUR INSURANCE POLICY. WE WILL NOT BE HELD LIABLE IF YOUR CLAIM IS DENIED AS A RESULT.

*4750 The Grove Drive, Suite 280
Windermere, FL 34786
407-704-7546 (office) 407-374-2992 (fax)*

REFERRALS OR PRIOR AUTHORIZATION

As a courtesy we will verify your coverage and eligibility prior to your visit. However, ultimately it is the patient's responsibility to understand their own plan benefits and provisions.

We are considered a specialist by the insurance carriers therefore some plans may require a referral. Referrals are typically provided by your primary care physician. You are required to provide the referral upon each visit, failure to do so may result in your appointment being rescheduled, higher out of pocket fees, and/or non covered services.

SURGICAL PROCEDURES

As a courtesy we will contact your insurance carrier to obtain benefit information for surgical procedures. Your insurance carrier provides an *estimate* only, and this is not a guarantee of coverage and/or benefits until the claim is received and processed. Additional out of pocket costs may occur. We require 50% of your out of pocket costs at the time the procedure is scheduled and the remainder on the day of treatment. Failure to cancel within 72 hours or keep your appointment will result in a \$150 fee.

APPOINTMENT GUIDELINES

We realize that your time is valuable and that long delays in the schedule are inconvenient. We do our best to schedule carefully and to confirm appointments when possible. Emergencies do arise in dermatology however, a major cause of scheduling disruptions are due to late arrivals or missed appointments. It is very important that you arrive 15 minutes prior to your scheduled appointment time to update information, complete forms and pay for services. Patients arriving 15 minutes past their scheduled appointment time will be rescheduled. If you are unable to keep your appointment you must contact our office at least 24 hours in advance. We will charge your account a no show fee if prior notice is not received.

PAST DUE BALANCES

All balances greater than 90 days are considered past due and will be submitted to a collection agency unless other arrangements have been made. If you are turned over to a collection agency you may be dismissed from our practice.

FEES

No Show Fee Office Visits \$40

No Show Fee Surgery \$150

Consecutive "no shows" will result in dismissal from our practice

Returned Check Fee \$40

Signature

Date

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