

1. For appointments, please be as specific as possible regarding your needs so that an appropriate amount of time will be allotted. We reserve the right to charge for appointments canceled or broken without 24 hours advance notice. Surgery “no-show” appointments will be charged a cancellation fee of \$75. Certain appointments require a deposit to be made before you are seen. This deposit is non-refundable if you miss the appointment without prior notification.
2. We strive very hard to meet your urgent care needs. It is inevitable that some patients cannot be seen as soon as they would like to be, however, we do our best to accommodate true emergencies as work-ins. Scheduled appointments generally take priority.
3. We strive to be on schedule for your appointment and we appreciate your timeliness as well. Late arrivals may require rescheduling.
4. Although we will do the billing for the insurance plans in which we’re contracted, each patient must take responsibility for knowing what his/her insurance coverage entails. **Most procedures performed in a dermatology office are surgical in nature and may be subject to a deductible and/or co-insurance in addition to your copay.** Some examples are destruction of lesions with liquid nitrogen or other chemicals and injections. If you are unsure whether you have a deductible for procedures, feel free to reschedule your procedure for another day, so that you may call your insurance company.
5. We accept checks, cash, and major credit cards. No post-dated checks are allowed. There will be a \$30 charge for all returned checks. If your account becomes delinquent and is turned over to a collection agency, you will be responsible for all collection costs (up to an additional 50% of delinquent balance).
6. For many, referrals must be obtained after consultation with your primary care physician and in accordance with your insurance company’s guidelines. Most require review and authorization by your insurance company and 24-48 hours to obtain. This referral must be in your possession at the time of your visit. It is your responsibility to know when that referral expires and how many visits have been authorized.
7. Refills of medication may be requested through your pharmacist, who will in turn receive approval or denial from the doctor. This could take 24-48 hours, so please do not allow your medications to run out. Prescriptions for acute medical conditions are rarely authorized over the phone. Also, during your visit, please notify the nurse if a 3-month supply for mail-order prescriptions is needed.
8. Phone calls will be returned as soon as possible. Please understand that our primary responsibility is caring for patients currently in the office. The nurse will inform you of your test results, usually within 7-10 days after your procedure.

These policies exist in order to better serve you. By signing below, you are acknowledging that you have read and understand the policies listed above.

I authorize the release of any medical or other information necessary to collect balances and/or process any claims from this office. I also authorize payment of medical benefits to the physician for the services described. I understand that payment for procedures that are deemed not medically necessary is due at the time of service and will not be billed to insurance. I also understand that copays, co-insurance, and deductibles should be paid at the time of service. I will make this payment in the form of cash, check, or credit card.

Signature: _____ Date: ____/____/____

Printed Patient Name: _____