

## Denton Dermatology Office Policies

1. We strive to be on schedule for your appointment and we appreciate your timeliness as well. You must arrive at least 15 minutes prior to your appointment for registration, regardless if you are an established or new patient. If you need to cancel or reschedule an appointment, it must be done at least 24 hours in advance in order to avoid a \$50 cancellation fee.
2. Although we will handle the billing for the insurance plans with which we're contracted, each patient must take responsibility for knowing what his/her insurance coverage entails. The majority of procedures performed are surgical in nature and may be subject to a deductible and/or coinsurance in addition to your copay. Some examples are destruction of lesions with liquid nitrogen or other chemicals and injections. A separate bill may be sent for additional charges from the Pathologist or Laboratory. Any charges deemed "non-covered" or "out-of-network" by your insurance company will be your responsibility.
3. MEDICAID requires its participants to see Medicaid-approved providers. Since we are NOT providers for Medicaid, we will NOT be able to provide services to you.
4. No post-dated checks are allowed. There will be a \$35 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).
5. REFERRALS: if your insurance plan requires a referral, you must obtain this from your primary care physician. An office referral is not the same as an insurance referral. This insurance referral (with authorization number, etc) must be received before your appointment date. It is your responsibility to know if you need a referral, when that referral expires, and how many visits have been authorized.
6. Medication refills may be requested through your pharmacist, who will in turn receive approval or denial from the doctor. This could take up to 2 business days. Your signature below also authorizes us to view your prescription history.
7. Phone calls will be returned as soon as possible. Please understand that our primary responsibility is caring for patients currently in the office. The medical assistant will inform you of your test results, usually within 7 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 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 will be paid by me at the time of service. Any amount remaining unpaid/unprocessed by my insurance company after 60 days following the date of service will also be my responsibility. I will make this payment in the form of cash, check or credit card (we do not take CareCredit).

Signature of Patient or Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (if different from above): \_\_\_\_\_