



FINANCIAL POLICIES

Dermatology and Oculoplastic Consultants

Name (printed) _____

Date of Birth: ___/___/___

We are thankful and pleased that you chose Dermatology and Oculoplastic Consultants. To be certain, please check with your plan to verify that our doctors and our address is listed.

Medicare: We are Medicare participating providers. We will bill Medicare / Medigap carriers. You will be responsible at the time of service for payment of:

- a. The annual deductibles
- b. Copayments
- c. Charges for noncovered or cosmetic services*
Advanced Notice of Liability Form will be provided

If you have Medicare, as well as secondary coverage with a commercial plan that is not Medigap or is an insurance company with which we have no contract, we will file a claim to your secondary/supplemental carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance.

Commercial Plans: If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all charges for all covered, medically necessary services rendered. We will bill both your primary and secondary insurance plans for contracted plans. You will be responsible at the time of service for payment of:

- a. The annual deductibles
 - b. Copayments
 - c. Charges for noncovered or cosmetic services
- In the event that you, as the patient, or we, as the physicians, are not aware of a charge that is not covered by your plan, you will be balance billed after we obtain a denial from your insurance carrier and are responsible for the noncovered charge.

Cosmetic: Cosmetic consultation fee is \$75.00 and this will be held on your credit card. If you proceed with the cosmetic procedure on the initial visit or within 30 days, the fee will be applied towards the procedure's cost. If you do not show or fail to cancel with less than 24 hours notice for a cosmetic appointment, you will be charged a \$75.00 fee.

Refunds: We do not offer refunds for medical nor cosmetic procedures.

Outstanding balances: Any balances that are outstanding, will be due at follow-up appointments prior to seeing the physician. If you are not able to make a payment, we will assist you with a reasonable payment plan.

We request that you politely let Dermatology and Oculoplastic Consultants know if you have any concerns or comments so we can rectify any problems within our office. The DOC's healthcare team is committed to providing responsive, reliable and respectful care.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office. Your signature also represents a request that payment of authorized benefits be made on your behalf to Dermatology Associates, PA of the Palm Beaches for any services rendered to you by the physician(s).

_____/_____/_____

Signature

Date