

DERMATOLOGY SKIN CANCER INSTITUTE
4425 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FLORIDA 33146

FINANCIAL POLICY

We appreciate the opportunity of providing services to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. Managed care has had a dramatic impact on the health care industry. In order to help minimize fee increases, to be as fair as possible to all patients and to our practice, and to reduce confusion and misunderstandings between our patients and the practice we have adopted the following financial policy. If you have any questions about this policy, please discuss them with our front office personnel prior to your appointment.

We have made prior arrangement with many insurers and other health plans to accept assignment of benefits. We will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. You will be responsible for all coinsurance and deductible that may apply per your insurance company. We reserve the right to collect any coinsurance and deductible at the time of service. Failure of any insurance company to pay does not excuse the patient's responsibility.

Full payment is due and expected at the time of service.

For your convenience we will accept cash and all major credit cards.

Regardless of the contract between you and your insurance company, if your insurance company does not pay the practice within a reasonable length of time, then you will be responsible for payment.

Cosmetic Procedures

With all cosmetic procedures the balance is due, in full, at the time of service.

Medicare Patients

We accept assignment on Medicare. This means we have agreed to accept Medicare approved amounts as full payment. However, Medicare only pays 80% of the approved amount, leaving a 20% copayment to be paid by the patient. A yearly deductible may also be due if the patient has not met this at the time of service. We will file secondary insurance upon the receipt of Medicare payment excluding Medicare HMOs.

Medicare will not pay for a list of services they have deemed not medically necessary. For those services, Medicare requires Dermatology and Skin Cancer Institute to have you sign a waiver acknowledging that you have been informed that Medicare will not pay, and that you will be solely responsible for payment of that service. Payment is expected at the time of service.

We do not accept Medicaid

Non-Participating Insurance Plans

If our practice does not have a contract with your insurance company, payment is due, in full, at the time of service. We can assist by supplying you with the proper documentation for you to submit directly to your insurance company.

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General Consent

I consent to the performance of test procedures during the course of study, diagnosis and treatment of my condition as recommended and explained to me by my physician. I consent to the release of medical records to my insurer and other institutions or agencies accepting me for medical care.

I understand and agree that (regardless of my insurance status); I am ultimately responsible for the balance of my account for any professional services rendered. I agree that should this account be referred to an agency or attorney for collection that I would be responsible for all collection costs, attorney's fees and court costs.

I have read all the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status of the above information.

I have read and understand the Financial Policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Signature of Patient or Responsible Party

Date

Print Full Name of the Parent/Legal Guardian

Print Full Name of the Patient