



Financial Policy/Acceptance of Liability

Patient Name: _____ DOB: _____

PAYMENTS

Are expected at the time services are rendered. This includes all deductibles, co-insurance, co-payments and any non covered services such as cosmetic procedures. It should be noted that **any procedure performed in the office, such as freezing a wart, performing a biopsy on a mole or milium extraction is considered "office surgery" by all of the major insurance carriers and may be subject to a deductible.** Patients who have an insurance carrier with whom the practice has a valid contract will be responsible for all fees as outlined in the patients' contract agreement. We will do everything possible to verify your insurance benefits including co-pay amounts and remaining deductibles prior to your visit. Texas Dermatology and Laser Specialists will submit medical claims to patient's insurance as a courtesy, however the patient is ultimately responsible for payment of services rendered.

PATHOLOGY

Pathology is ordered by our physicians to properly diagnose certain skin disorders. Accurate pathologic diagnosis is a skill and the physician interpreting the specimen is a vital part of your healthcare team. **Charges for these services are in addition to your regular physician charges.** Pathology charges then may come directly from the following labs: Aurora Diagnostics: South Texas Dermatopathology, Quest Diagnostics, and Pathology Reference Lab. Please note that if any of these services are denied as out of network, not covered by the terms of your insurance policy, not medically necessary, as requiring a deductible or co-payment, or other related issues, the patient or responsible party will be billed.

NO SHOW/ LATE CANCELLATION

If you are unable to attend an appointment, please let us know as soon as possible so that we can assign your appointment time to another patient. We ask for at least 1 business day cancellation for all appointments. We reserve the right to charge the following "late cancellation fees" or "no show fees": \$35.00 for an office visit; as a courtesy, we make every effort to confirm appointment in advance; however, it remains YOUR responsibility to know and to keep your appointment. Emergencies will be considered on an individual basis.

LATE POLICY

If you are more than 15 minutes late to your scheduled appointment, we will make every effort to work you back into the providers' schedule. However, we may have no choice but to reschedule your appointment.

REQUESTS FOR MEDICAL RECORDS and COMPLETION OF FORMS

There will be a charge of \$25.00 per request. Upon receipt of payment, documentation will be returned or can be picked up within 3-5 business days, unless otherwise notified. You may access most medical records through your online patient portal at no cost to you.

Signature: _____ Date: _____