(Practice Name)

FINANCIAL POLICY

To Our Valued Patients:

Due to the overwhelming number of insurance plans, it is impossible for our front desk to guarantee coverage by any individual plan. It is your responsibility to verify that we are a member of your PPO or HMO network before presenting to our office for treatment.

Most insurance plans provide annual directories of network providers to its subscribers, but it is in your best interests to verify this information directly by calling the customer service number on your insurance card before being seen by a new health care provider. Also, you should know whether you need a referral from you Primary Care Physician before visiting a dermatologist.

As with any provider's office, any charges you incur at (Practice Name), which are not paid by your insurance carrier, will be your sole responsibility. We will be glad to bill most plans or assist you by providing you with copies of bills and medical documentation that are required to bill your insurance carrier directly. We understand the high cost of health insurance and we want to help you receive the benefits to which you are entitled.

We ask that all patients notify us immediately of any changes in their insurance coverage or carriers. The best way we can facilitate this is by asking that you bring your insurance card(s) with you to each visit. We apologize if this presents any inconvenience, but we have your best interests in mind, since most insurance companies require that benefits be verified for each visit.

Thank you for your understanding and cooperation. We are very happy that you have chosen us for your dermatological and cosmetic needs and we look forward to treating you in the future.

Sincerely,

(Practice Name)

I have read and acknowledge the above statements:

_____ _____

Patient Signature Date