

Financial Policy

Our billing department is highly trained and specializes in dermatological billing. These employees are here to assist you with any questions or concerns you may have regarding to your account. Feel free to contact them at (972)390-9002 x303.

Please remember your insurance policy is a contract between you and the insurance company. You are responsible for all charges incurred on your account. It is your responsibility to make sure all your information on your account is current and accurate. It is your responsibility to know what your contract covers or pays regarding your co-pay/deductable/co-insurance amount and any restrictions your insurance company might have.

Our policy is to collect payment for services at the time of service. If you are a member of one of our contracting insurance companies, we require you to present the insurance card at the time of service. If you are unable to provide this, we will collect payment in full. If we do not participate with your current insurance plan or you have no health insurance coverage we will collect payment in full at time of service.

For your convenience we accept personal checks; with valid identification card, cash, and credit/debit cards (Visa, MasterCard, Discover, and American Express). Should your payment result in NSF we will apply an additional \$25.00 to the balance for the fees associated by the bank. At any time your balance is referred to collections for non payment we will apply an additional \$20.00 to your current balance.

If your health plan requires a referral or authorization for specialty services, it is your responsibility to make sure your primary care physician faxes this to us before your scheduled appointment. If a referral is required and has not been received in our office you may either (1) pay for your services at the time of service, or (2) change your appointment to a later date.

Prescription refill request often require an office visit before we can process the request; this is to ensure your safety. Should you desire a prescription refill, please have your pharmacist fax the request to us.

Cosmetic procedures are not a covered service with your insurance company, making you solely responsible for the charges.

Broken appointments represent a cost to us, to you and other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to your appointment. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand Dermatology and Skin Cancer Surgery Centers Financial Policy. I also agree that if it become necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of Insured, Patient, or Authorized Representative

Date