

## BILLING POLICY

We are happy to provide care to patients regardless of coverage. Although patients with non-participating insurances would be required to pay for services at the time of the visit, some insurance providers will reimburse out-of-network benefits. We encourage you to find this out, prior to your office visit. A detailed receipt for reimbursement will be provided, if requested.

If you have a private insurance plan, we will submit your claim for payment as a courtesy. It is required that you bring your insurance card at the time of your visit and at every visit thereafter. Our office cannot bill without proof of your coverage.

Patients who do not have insurance, or an insurance plan that we do not participate with, are expected to pay for the visit and/or procedure before you leave the office.

Accepted forms of payments are check or cash. **We do NOT accept debit or credit cards.**

- A new patient office visit charge is between **\$85-100 (Not including a procedure)**. An average **follow-up** visit charge is between: **\$45-75 (Not including procedure)**.
- **Other charges** will result when biopsies, surgical treatments, or complex medical consultations are performed.
- Any specimen that is sent to the lab for pathology will incur additional charges billed to you by the lab.

### **We do not participate in workmen's compensation cases.**

We do participate with the Medicare program. To those patients who are new to Medicare, please realize that you are responsible for paying the deductible and 20% of the accepted fee that Medicare allows.

We also participate with several HMO's and managed health care plans. If a referral is required, it is expected that we receive it no later than the date of your visit. It is the patient's responsibility to request and manage their referral.

Your co-payment is to be paid on the day services are rendered. Copays may be brought back to the office by 4:30 pm on the same date of service (1:00 Friday). If not paid on the date of service, a \$20 late fee will be charged. If a check is returned by the bank for non-sufficient funds, a service charge of \$25 will be incurred to cover bank fees.

Any surgical procedures performed will result in a specimen being sent to a lab who participates with your insurance. It is the patient's responsibility to call us for test results within 10-14 days.

**CANCELLATION/NO SHOW POLICY**

*If it is necessary to cancel an appointment, we request that a 24 hour notice be given. We reserve the right to charge a cancellation fee for missed appointments if done on a regular basis. We realize that emergencies do happen and will take this into consideration if not done on a consistent basis.*

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_