

# Princeton Dermatology Associates

## OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. The following is a statement of our financial policy, which we require that you read and sign prior to any office visit.

**Regarding Insurance:** We must have a copy of your insurance card. If you have an HMO insurance with whom we have a contract, a proper referral is required from your Primary Care Physician containing a diagnosis, visits allowed and expiration date. Please keep track of your visits & expiration dates on your referrals. If your referral expires or your visits run out & you are seen by one of our providers, you will be responsible for the bill. If you have a copay on your card, you will be responsible for paying that copay prior to being seen. If you have a PPO insurance with whom we have a contract, you will be responsible for the copay if listed on your card. If you have not met your deductible, you will be billed & payment will be expected. You are responsible for payment regardless of any insurance company's determination of usual & customary rates. Patients will also be responsible for the bill if the insurance has lapsed in coverage or is not in effect at the time of service. We accept cash, checks, MasterCard & Visa for payment. Please do not ask our front desk personnel to send you a bill after services have been performed, unless approved in advance by the office manager when the appointment is scheduled.

**Medicare Patients:** Patients are responsible for meeting their annual \$155.00 deductible and paying for the 20% copayment. We do file with secondary/supplemental carriers. However, in the event that the secondary insurance does not pay within 60 days, patients will be billed the balance. We must have a copy of your supplement insurance card as well as your Medicare card.

If you have presented us with a health insurance card with which we are not contracted, we will be glad to assist you in giving the information that will allow you to be reimbursed from your insurance. The charge for today's visit is expected at the time of check out. Insurance companies will not pay for cosmetic procedures.

**Regarding Biopsy Charges:** There will be an additional fee charged by the outside lab for the processing and reading of your biopsy.

**Minor Patients of Divorced Parents:** A divorce decree is a legal agreement binding only the two parties who made the agreement. If we are not contracted with your insurance, payment is due at the time of service. If we are contracted with your insurance, we will submit the bill to the insurance company and the parent who is responsible for paying the medical bills will be responsible for payment including any deductibles or coinsurance.

**Thank you for your understanding of our financial policy. Please let us know if you have any questions or concerns.**

I have read the Financial Policy (above). I understand and agree to this Financial Policy.

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Signature of Patient or Responsible Party

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Date