

Cosmetic Dermatology and Vein Centers Financial Policy

Thank you for choosing Cosmetic Dermatology and Vein Center as your skin care provider. We are committed to your care and the success of your treatment. The following is our financial policy. If you have not been seen by a physician in our offices within the past 3 years, you are considered a new patient and will be billed accordingly. Please read our financial policy carefully and sign prior to your treatment.

Insurance

It is our policy, and insurance regulates, there may be separate charges for each condition that is treated. Dr. Friedman participates in most insurance plans and we will submit claims to your insurance carrier for covered medical services. Dr. Friedman accepts what your insurance allows as payment in full. This means that you are only responsible for non-covered services, deductibles, and/or co pays. If your policy has a co pay for services or if you are in doubt as to whether your treatment is a covered benefit, please inquire prior to your receiving treatment and incurring any charges. It is not our policy to routinely quote prices. However, if it is of concern, the staff will be happy to answer any billing concerns you may have.

If an HMO (Health Maintenance Organization) or Managed Care Organization (Blue Choice or Blue Care Network) covers you, it is your responsibility to obtain a referral from your Primary Care Physician. If you wish to be seen without a referral, you will be required to sign a waiver and will be responsible for payment for all rendered services.

Cosmetic Procedures

Fees for cosmetic procedures are quoted at your consultation with our staff. Your insurance carrier does not cover fees for cosmetic services and payment is required prior to services rendered.

Minor Patients

A minor patient is required to be accompanied by a parent or legal guardian for treatment. If your minor child requires continuous care and we are unable to accommodate your schedule, please consult a staff member to make arrangements for us to treat your minor child.

Payment

We gladly accept cash, personal checks, Visa or MasterCard for payment. To avoid any disappointment or misunderstandings, if you are concerned about your charges for treatment, please inquire prior to receiving treatment and incurring charges. Co-pays are due on the date of service.

A 1.5% per month late fee will apply on the amount of any account 30 days overdue.

There will be a \$25.00 fee charged for any returned check.

We reserve the right to charge for missed appointments and associated costs.

Unless prior arrangements have been made, any account balance, which is not current within 60 days, may be referred to a Credit Collection Agency. If you have any questions regarding this policy, please do not hesitate to discuss it with a staff member.

I have read and understand the above Financial Policy. I accept and agree to the terms outlined herein and agree to the treatment by Dr. Friedman and/or his assistants. This policy shall remain in effect until revoked in writing by the undersigned responsible party.

Patient Signature or Guardian _____ Date _____

PRIVACY NOTICE ACKNOWLEDGEMENT

I have received a copy of Cosmetic Dermatology and Vein Center's Notice of Privacy Practices.

Patient Signature or Guardian _____ Date _____