

FARMINGTON DERMATOLOGISTS, P.C.

23133 ORCHARD LAKE ROAD • SUITE 201 • FARMINGTON, MICHIGAN 48336
TELEPHONE (248) 476-4850 • FAX (248) 476-1964

Dear Patients:

We are providing this for your review and acknowledgement. Please sign below where indicated.

Insurance: We participate in most insurance plans, including Medicare. You are responsible for ensuring our office has the most up to date insurance information. If we are not supplied with this information at the time of your visit, you may be responsible for the balance. Please make sure you know your co-pay and deductible, and what is covered by your insurance carrier. Contact your insurance carrier with any questions you may have regarding your coverage.

Cash Paying Patients: Patients without insurance or those receiving cosmetic services, will be asked to make an initial payment prior to being seen. Charges vary depending upon services rendered.

Co-pays and Deductibles: All co-pays will be collected at the time of service. This arrangement is part of your contract with your insurance company. Most insurance policies have a deductible that starts over at the beginning of every year, including Medicare. Early in the year, we will also collect payment on date of service which will be credited toward your deductible.

Non-Covered Services: Please be aware that some of the services you receive may not be covered or considered medically necessary by Medicare or other insurance carriers. Unless prior arrangements are made with our billing department, these services should be paid at the time of services.

BCBS Master Medical Claims: Patients with Master Medical are responsible for payment at the time of their visit. As a courtesy, we will submit these claims to BCBSM. They will reimburse you directly.

Collections: If your balance remains unpaid after 90 days, your account may be referred to an external collection agency. This will result in you or your immediate family being discharged from our practice.

Bounced Check: There will be a \$35 charge for any bounced checks.

Missed Appointments: There may be a \$35 charge for missed appointments.

Appointments Cancelled without a 24-hour notice: Please be courteous, other patients may need your appointment time. Canceling your appointment without giving the office enough notice may result in a \$20.00 charge.

Copy of Records: There may be a fee assessed for copying of records requested for personal use or other providers. Record copying fees are charged in accordance with Michigan legal recommendations.

We accept the following for payment: Cash, Check, Money Order, Visa, Mastercard, Discover and American Express.

Thank you for understanding our financial policy. Please let us know if you have any questions.

X

Signature of patient or responsible party

X

Date

Patient name