OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require that you read and sign prior to any treatment.

All patients must complete our registration form in full before seeing the doctor.

Payment is due at the time of service. We accept cash, checks, and credit cards. If needed, a payment plan can be established with prior credit approval.

If you have insurance
which will pay our doctor directly, and which we can verify, we still require that you pay all co-payments, deductibles, co-insurance and charges for non-covered services at the time of service.

If you are a member of an HMO or PPO that requires a referral form from your primary care physician, you are responsible to bring this form with you for your visit.

If you have questions or concerns about your bill, you may speak with the:

Patient Accounts Office (305) 623-8025
OR
Outside of Dade (888) 479-6415

Missed appointments- If you are unable to keep an appointment kindly give 24 hours notice. Please, help us serve you better by keeping scheduled appointments.

Important Information About Biopsies

Dermatologists traditionally take a sample (surgical biopsy) of suspicious skin growths or rashes in order that microscopic examination of the sample can be performed, and a diagnosis made.

This is to inform you that the work associated with processing each biopsy, preparing slides, microscopically examining the slide, and issuing a report of the resulting diagnosis (together known as surgical pathology) is a distinct and separate service from the biopsy itself, and there will be a separate charge.

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

- -
I have read the Financial Policy. I understand and agree to his Financial Policy.

_____ _____
Signature of responsible party   Date

_____ _____
Witness   Date