



## About Skin Dermatology's Office Policies

Office Hours: Monday-Friday 8:00am-5:00pm

Thank you for choosing AboutSkin Dermatology for your health care needs. Dr. Cohen and Dr. Szabo are committed to your health, your treatment and your wellness. However, while we will provide therapeutic options, guidance and counseling, the achievement and maintenance of good health is ultimately your responsibility. Therefore, we expect all patients to follow the directions of their doctor(s) or provider(s). This means taking medications or supplements as prescribed, completing recommended testing as directed, (such as lab work, x-rays, MRI's, ultrasounds, ect.) and returning to our office for follow up at the recommended times (which may include discussion of any results received). The responsibility of making certain that all labs or test reports have been received by our office lies ultimately with you. We advise you to act as your own best advocate. If you do not hear from us, this does not imply that any test results are normal as we may have never received the results. While we make diligent efforts to follow up on all pertinent patient labs and studies, you are asked to be absolutely certain that AboutSkin has indeed received the results of any such evaluations. Signing of this form indicates that you understand.

The following is a further statement of our office policies which we require you to read and sign prior to any treatment. All patients must also complete our patient information sheet before seeing either provider.

### **Insurance:**

We cannot bill your insurance company without a completed form and a copy of your insurance card. We will bill only insurance company's that we are contracted with or that we have prior approval from. Please remember that insurance is considered a method of reimbursing AboutSkin's fees and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the overall charge. It is your responsibility to know the type of plan you have and to pay any deductible amount, co-insurance, co-pay or any other balance not paid for your insurance. Please be aware that some and perhaps all of the services provided may be non-covered services and may not be considered reasonable and necessary under Medicare and or other medical insurance. The balance may be your responsibility whether or not your insurance company pays for the services performed by AboutSkin.

**Insurance Plans We Do Not Participate With:**

If your insurance company is one that we are NOT contracted with, full payment is expected at the time of service. However, we will be happy to give you a copy of your bill with the appropriate information regarding your visit for you to submit to your insurance company.

**Missed Appointments:**

Dr. Cohen, Dr. Szabo and our staff strive to be on time to see each patient. PLEASE ARRIVE 10-15 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT to fill out any necessary paperwork. Our policy is to charge **\$40.00 for missed appointments** not cancelled 24 hours prior to your scheduled appointment time. This charge is solely your responsibility and not your insurance companies. Additionally, if you arrive late for a scheduled appointment we reserve the right to reschedule. Please help us serve you better by keeping scheduled appointments by arriving on time.

**Payments:**

We accept the following forms of payment: cash, personal checks, visa, and master card. All returned checks are immediately forwarded to our collection agency. You will be responsible to a **\$25.00 returned check fee, in addition to the full amount of the original check.** In the event that you account is assigned to a collection agency, you will be responsible for any collection fees charged by the agency plus any other collection costs and reasonable attorney fees and court costs.

**Referrals:**

Generally, referrals need to come from your primary care physician. To obtain pre-authorization for procedures, please contact your primary doctor's office at least two weeks prior to your appointment. It takes most insurance companies at least one week to receive the referral authorization. Please call us at least three business days prior to your appointment to check that your referral has been received.

**Prescription Refills:**

Please plan ahead for prescription refills. We ask that you contact your pharmacy three-five days prior to needing a refill. If you are out of refills, the pharmacy will contact our office for physician approval. Please Note: We will NOT refill narcotic prescriptions over the weekend.

**Calls to Medical Personnel:**

Our primary goal at AboutSkin is to provide our patients with the best possible care. Our medical staff is devoted each day to our regular scheduled patients. Therefore, please understand when calling our providers or our medical assistants that they may not be able to immediately respond to your calls. All non-urgent calls will be returned by the end of the business day in which they are received.

**I hereby authorize payment directly to AboutSkin Dermatology and authorize the release of and medical information necessary to process insurance claims. I understand that I am responsible to pay for all medical services not reimbursed by my insurance. I voluntarily consent to treatments for myself and/ or dependant(s). I have read and understand the Office Policies of AboutSkin and my questions have been answered satisfactorily. I understand that this is a contract and I agree to these policies.**

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**Signature**

**Date**