

Skin Cancer Specialists, P.C.
Financial Policy

The following is a statement of our financial policy which we require you to read and sign. For your convenience, we accept checks and most credit cards.

INSURANCE

We cannot file your insurance unless all of your insurance information is given at the time of your visit. It is therefore necessary for us to have a current copy of your insurance card for accurate billing. Insurance benefits will be verified by our office, but it is recommended that you educate yourself about your individual benefits by contacting your insurance company before being seen. It is required that we hold you responsible for your portion of the charges, including copays and deductibles, at the time of service. If your insurance company has not paid a claim within 60 days, you may receive notification in the mail requesting your assistance in determining if there is a problem, or if additional information is required in processing the claim.

NON-COVERED SERVICES

There are a number of services we provide that are typically considered "cosmetic" by your insurance company. For example, removal of some benign growths such as skin tags are not routinely covered by health insurance plans. Other services, such as Botox, collagen, chemical peels, and dermabrasion, are also considered not medically necessary. Full payment for all non-covered services must be made at the time of your visit.

REFERRALS

Since our physicians are board-certified Dermatologists in the state of Georgia, referrals are not usually required. If your insurance company does require a referral, it is solely your responsibility to obtain a current referral for office visits. You must bring the referral to our office on the day of your appointment.

LABS

If you are aware that your insurance carrier requires you to utilize certain labs for blood work or biopsies, you must inform your nurse. Our office sends a copy of your insurance card with the specimen to an outside facility. These charges are billed directly from the laboratory itself and are separate from our office charges. You will receive an explanation of benefits (EOB) from your insurance carrier.

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

I have read the above financial policy, and I understand and agree to its terms.

Signature of patient or responsible party

Date