

PONTE VEDRA Dermatology & Aesthetic Surgery

OFFICE POLICIES

Name _____ UR # _____ Date ____/____/____

RELEASE OF INFORMATION POLICY

Please refer to our "Notice of Privacy Practices" and Acknowledgement of Receipt of Notice"

PAYMENT POLICY FOR MEDICARE PATIENTS

Our doctors and assistants are providers with Medicare and assignment is accepted for medically covered services. Patients are responsible for meeting their annual deductible and paying for the 20% co-payment. We do file with supplemental carriers. In the event that your secondary insurance does not pay within 45 days, you may be billed directly. Our office does **not** participate with Medicaid or Workers Comp.

PAYMENT POLICY FOR HMO AND MANAGED CARE OR PPO PATIENTS

You will be responsible for paying your deductible, co-payments and charges for all covered, cosmetic and surgical center services. It is your responsibility to sign and forward any checks sent to you for payment to our office if you receive them for services that were rendered by PVDAS. If a service is determined not to be covered at the time of your visit, full payment is expected at the time that the service is rendered.

PAYMENT POLICY FOR COMMERCIAL PATIENTS

Patients who are on plans, which we are **not** providers, are expected to pay 100% of the total bill at the time that the service is rendered. If you choose to still file with your insurance, we will provide you with the necessary information to do so. If the service rendered is not medically necessary, the total cost of treatment will be billed to you and payment is again expected at the time that the service is rendered.

PATHOLOGY AND LAB FEES

Diagnostic fees from outside labs are the patient's responsibility. You may receive a bill from an outside source such as Bernhardt Labs, Quest Diagnostics or Lab Corp. If you have questions about insurance coverage, please dial 285-7546 ext 206.

SURGICAL CENTER FEES

A separate surgical center facility fee may be charged to you if your surgery requires a flap, graft or complex closure or if your procedure is a non-covered cosmetic service. Please check with our billing department for information on coverage, deductibles, and co-payments. If you have questions about your particular insurance coverage, please dial 285-7546 ext 206.

CANCELLATION/NO SHOW POLICY

OFFICE

All office appointment cancellations require at least 24 hours notice unless an emergency (documented) arises. Failure to give a 24 hour cancellation notice will result in a **\$75 office visit** assessment. Call **904-285-7546** to cancel.

SURGERY

All surgery appointment cancellations require at least 72 hours notice unless an emergency (documented) arises. Failure to give a 72 hour cancellation notice will result in a **\$250 surgerv center** assessment. Call **904-285-7546** to cancel.

COSMETIC

All cosmetic surgery appointment cancellations require at least a one week (7 day) notice unless an emergency (documented) arises. Failure to give a one week (7 day) cancellation notice will result in a 50% charge or the entire scheduling fee, whichever is greater, being retained by PVDAS. Call **904-285-7546** to cancel.

SPA All spa appointment cancellations require at least 24 hours notice unless an emergency (documented) arises. Failure to give a 24 hour cancellation notice will result in a **\$50 office visit** assessment. Call **904-285-7546** to cancel.

I, the undersigned, understand the office policies as noted above. I have had a chance to have all of my questions answered to my satisfaction and agree to abide by the policies listed above.

Patient Name

_____/_____/_____
Date