

NEW ENGLAND DERMATOLOGY & LASER CENTER OFFICE POLICY

The physicians and staff of New England Dermatology & Laser Center value and appreciate your selection of our office for your skin care and we are committed to providing you with the best possible service. A clear understanding of our office policy is important to our professional relationship.

INSURANCE AND MANAGED CARE POLICY

We participate in most insurance plans, but please inquire when you check-in if we accept your plan to avoid billing problems later.

If your insurance plan requires a referral, you must bring a REFERRAL FORM, or we must have a valid referral on file for you to be seen. If your visit has not been authorized, you have the option of rescheduling your appointment until such time as your visit is authorized, or signing a waiver making you financially responsible for that visit. This is your decision.

COPAY POLICY

Many health insurance plans require a copay for services rendered which is expected at the time of service. If we must bill you for your copay, a \$15 service charge may be added. Thank you for your cooperation in this matter.

"NO-SHOW"/CANCEL POLICY

If you cannot keep your scheduled appointment, please call 24 hours in advance to avoid "no-show" office charges. We reserve the right to charge for missed appointments if you do not honor this policy.

If you repeatedly "NO-SHOW" and/or CANCEL your appointments, we reserve the right to discharge you from care.

COSMETIC REMOVAL OF BENIGN LESIONS

A benign lesion is a spot or growth which in the physician's opinion is not cancerous or pre-cancerous and for which there is no medical reason to treat. Insurance companies will pay for the evaluation of these lesions, but will not pay for their removal. Lesions which may fall into this category include: Certain moles, brown spots (so called "liver" or "age" spots), angiomas (blood vessel moles and "broken" blood vessels), seborrheic keratoses (warty moles), skin tags (small flaps of skin found around eyelids, neck, under arms, under breasts, and in groin), and milia (persistent whiteheads) on face and eyelids. If you have a benign growth which you would like to have removed, you must sign a "waiver of liability" agreeing to be personally and financially responsible and payment is expected at the time of treatment.

If you have any questions, please feel free to inquire before signing below:

I have read and understand the above policies.

Patient signature: _____ Date: _____

Guarantor/Guardian signature: _____ Date: _____

(If guarantor/guardian is not the patient)