Dermatology Partners of WNY, LLP

FINANCIAL POLICY

As a patient of Dermatology Partners of WNY, LLP, I acknowledge that I will assume full financial responsibility for services rendered to me, for any reason, including self-payment, if my health insurance carrier denies or does not cover my claim for these services at time of service.

MEDICAL NECESSITY
If my insurance determines that a medical service and/or products are not covered, I acknowledge that I have been notified and will assume full responsibility for the service(s) and/or product.

CO PAYS
I understand that I am responsible to pay all co-payments at the time of service. A co-pay **can not** be waived at any time by the provider of service or Dermatology Partners of WNY, LLP as that is part of your, and our contract, with insurance carriers.

CO INSURANCE
I will be billed after the insurance payment has been applied.

DEDUCTIBLES
If I have **not** met my deductible, I understand that I will be fully responsible for payment at the time of service. Yearly deductibles **can not** be waived at any time by the provider of service or Dermatology Partners of WNY, LLP.

INSURANCE
I understand that I am responsible to supply current and correct insurance information at time of service. If this information is not correct or not received within 30 days of services rendered, I acknowledge that I have been notified and will assume full responsibility for the service.

APPOINTMENT CANCELLATION POLICY
I understand that there will be a charge for any appointment not changed or cancelled without 24 hours notice.

AGREEMENT TO PAY:
I agree to Dermatology Partners of WNY's financial policy.

_________________________________ _______________
Print Patient Name Date of Birth

_________________________________ _______________
Patient Signature/Guarantor Date

REFUSAL OF SERVICE:
I have decided **not** to have the service/product performed because I am **not** willing to be personally responsible for the payment.

_________________________________ _______________
Patient Signature/Guarantor Date

**** UPDATED 11/11/2016***