



**Basuk Dermatology  
Office and Financial Policies**



We would like to thank you for allowing us to provide your healthcare needs.  
Please read all of our office and financial policies and sign below.

- We request that you call our office at least 24 hours prior to your appointment if you must cancel or reschedule your appointment. A scheduled appointment is a reservation for our staff and office for you. We reserve the right to charge a \$25 (1<sup>st</sup> time) or \$50 fee for missed appointments cancellations the day of the appointment.
- A valid insurance card and government photo identification (e.g. driver's license) are required for all new patients and are necessary for filing for your insurance. If these documents are missing you will be asked to reschedule your appointment.
- Please provide us with information on all insurance plans for which you are covered. If your insurance company does not pay due to your not providing us with insufficient and/or timely information, you will be responsible for the difference in payment.
- Referrals: you should know whether your insurance requires a referral and, if needed, obtain one prior to scheduling an appointment. Referrals typically have an expiration and an allowed number of visits.
- Copayments, coinsurance and deductibles are due at the time of your visit. These fees are pre-calculated based on our best efforts. Any differences will be charged or refunded to you. Failure to pay your copayment at the time of your visit may incur a \$20 billing surcharge.
- Your insurance plan's benefits are for you. If we have agreed to accept your insurance, we will abide by their determination of what you owe us, as we expect you to, as well. You may, of course, contact your insurance company with any questions regarding their decisions.
- You will promptly provide us any changes of address, telephone numbers and/or insurance information.
- You are responsible for responding promptly to requests from us or your insurance company to provide any additional information required from you. Any claims unpaid due to your failure to provide timely information will become due from you and payable in full immediately.
- Pathology and laboratory fees are separate and are billed by the laboratory performing the services.
- Your account will be charged \$35 for each returned check. We request you pay this fee plus the face amount of the check in cash. You may be asked to pay in cash for future visits.
- Past due accounts will be turned over to a collection agency. Any collections fees, legal fees or attorney's fees will be added to the amount you owe to the full extent of the law.
- Fees for medical records will be charged as allowed by law. Please give 2 weeks for such requests.
- Medications are only renewed in person. Please ask for all refills at the time of your visit.
- If you request our staff retrieve, fax, print or send any of your records, you will be responsible for our office fee of \$50. Note that you may avoid such fees by use of the portal, which is at no extra charge.
- You acknowledge your credit card will be scanned, and stored, at your time of visit for future use. *ModMed AutoPay* helps us reduce billing costs by allowing us to charge amounts due as determined by your insurance company. You will be notified, via email, of your company's determination, and your card will be charged a week later. You hereby allow us to charge your card for the amounts your insurance coverage says you should pay. Note that our office cannot read your credit card information.
- Photos may be taken for medical or educational purposes, and are the property of the practice.

In agreement:

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Signed

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Date