

L U P T O N
**DERMATOLOGY
 & SKIN CARE**
 C E N T E R

Thank you for letting us serve you. To acquaint you with our insurance and financial policies, please read the following information and sign below.

You are responsible for all co-pays, deductibles, co-insurance, non-covered service charges, any and all balances and any services considered not medically necessary by *your* insurance carrier. Payment is expected at the time of service. It is your responsibility to verify benefits/limitations with your insurance carrier. You agree to pay any portion not covered by your insurance carrier.

Here is a list of the of our currently contracted insurance carriers. There may be periodic additions or deletions to this list.

Aetna	Health Care Savings	Medicare
Blue Cross Blue Shield	Humana/Choice Care	Many Medicare Advantage Plans
Cigna/Great West	MedCost	PHCS
First Health	Medicaid	United HealthCare

If your insurance carrier is not listed, please ask us. We file with the majority of insurance carriers. **If your insurance carrier requires a referral, please make sure you have proper documentation before coming to your appointment. Patients without proper referrals will be responsible for paying their balance in full when services are rendered or will have to reschedule the appointment.**

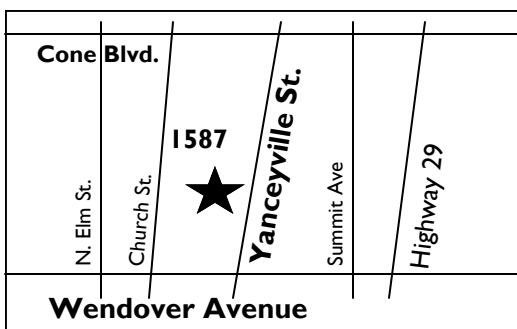
Please provide us with complete and up to date insurance information. If this information is not provided at the time of service we cannot file your claim and you will be billed. Remember, co-pays, coinsurance and deductibles are due when services are rendered. If you do not have insurance, you will be expected to pay at time of service unless other arrangements are approved by us in advance. A statement fee may be applied to each date of service if not paid at time of service. If your account becomes delinquent, we may refer the account to a collection agency or attorney and a 25% collection fee may be added to your account.

A \$25.00 service fee will be charged for returned checks. This charge is applied to your account and is due immediately.

While there may be some exceptions, cosmetic and non-covered services are usually not reimbursed by insurance. If you have any questions regarding coverage for these services, we recommend that you speak with your insurance representative before the time of service.

In cases of divorce or separation, the parent authorizing treatment for child will be the parent responsible for charges. If the divorce decree requires the other parent to pay for all or part of the treatment cost, it is the authorizing parent's responsibility to collect from the other parent.

All lab work, including pathology, is sent outside of our office. The lab we use, selected on the basis of quality and service, may or may not be part of your health plan. These charges are separate from ours, and they will bill you.



I have read and understand this financial policy.

Directions at www.luptondermatology.com

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