



**DERMATOLOGY**  
& Surgery Associates



**Bronx Plastic Surgery**  
Plastic & Reconstructive Surgery

This will apply to all office visits at this practice:

1. Our goal is to maintain a pleasant, patient care environment. You will find our staff to be kind, friendly and accommodating. Please treat all of us with the respect we deserve. Abusive language or behavior toward any staff will result in dismissal from the practice.
2. Medical visits will be billed through the insurance policy you provide to us. You are responsible for researching and understanding your specific insurance plan. Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefits are subject to eligibility, medical necessity and the terms, conditions, limitations and exclusions of the patient's health benefit plan at the time the services are rendered. If we receive incorrect/outdated information from you and the claim is rejected or a service/diagnosis is not covered, you will be billed for the full cost of the visit.
3. You are responsible for determining whether your insurance plan requires a referral of your visits. We require that all patients with a plan that requires a referral provide a valid referral from a primary care physician, insurance provider portal, or student health center as determined by your insurance. This referral must be provided to the practice prior to your visit. If we receive rejected claims due to missing or invalid referrals you will be billed for the full cost of the visit.
4. Visits at dermatology practices are not considered preventative care by most insurance companies. Therefore although an annual skin cancer screening may be considered preventative at your primary care physician's office because dermatology practices are considered "specialty" offices, the annual skin cancer screening is not considered preventative, and patients are responsible for any deductible, coinsurance, and copayment applicable based on your benefits with your insurance company. They will be subject to the terms, conditions, limitations, and exclusions of your health plan.
5. In fairness to other patients and the Physician/Physician Assistant, we require at least 48-hours' notice to cancel and/or reschedule appointments. You will be charged a non-refundable \$50 fee for every 15 minutes scheduled for missed appointments or will be dismissed from the practice. We strive to see patients at their scheduled appointment time. Therefore, if you are late, you will need to reschedule your appointment as deemed by our medical staff. You will be charged a non-refundable \$50 missed appointment fee or will be dismissed from the practice.

6. All copayments, self-pay, cosmetic payments and balances are due in full at the time of service and will be collected prior to the visit. Any outstanding balances will prevent future appointment bookings and may be sent to collections 90 days after the due date. If, for any reason you amass a credit on your account, the credit will be used towards your future copayments or patient balances.

7. All procedures (cosmetic and surgical) will be done only at the discretion of your doctor after an initial consultation.

8. Blood work, pathology specimens and cultures must be sent to outside laboratories for processing.

This processing incurs separate fees that are between you, the laboratory, and your insurance company. Our practice is not responsible for these fees and has no authority to intervene on your behalf.

9. I consent to have my photo taken for the sole purpose of medical treatment unless I sign a separate agreement.