

reflections
Medical and Cosmetic Dermatology
Dr. Jeffrey LaDuca

FINANCIAL POLICY

- If you are uninsured, or if you have insurance with which we do not participate, you are responsible for payment in full at the time of service.
- As the insurance holder, it is your responsibility to know what your insurance covers in regard to office visits and testing, etc. You are responsibility to know your policy deductibles and co-pays and make payment at the time of service.
- Payment of outstanding balances is expected at time of service.
- We require 24 hour notice for cancellation of an appointment; otherwise you will incur a \$50.00 fee for the time reserved. We consider a “no show” to be any instance wherein the patient does not keep his or her appointment and does not give 24 hours notice beforehand. Of course, “life and death” emergencies are an exception.

*Please note that insurance policies do not cover “no show” charges.

- You will incur a \$50.00 fee for any returned checks.

In the event that my account is assigned to collection, I agree to pay all costs of collection including attorney fees. I have read/or have been advised of the entire financial policy.

Print Name: _____

Signed: _____ Date: _____