



LONG RIDGE DERMATOLOGY, LLC
1051 LONG RIDGE ROAD
STAMFORD, CT 06903

OFFICE/FINANCIAL POLICY

All patients must complete our Patient Information form in its entirety before seeing the doctor. Post Office Boxes can be used as a mailing address, but we must have your actual home address. Failure to complete information requested will result in a cancellation of your treatment with us.

**PAYMENT FOR ANY ELECTIVE/COSMETIC TREATMENT OR
MANAGED CARE CO-PAYS ARE DUE AT THE TIME SERVICES ARE RENDERED.
WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, DISCOVER AND AMERICAN EXPRESS.**

Insurance

Co-pay – Your co-pay will be collected prior to treatment. Any co-insurance amounts, deductibles due, or increase of your co-pay is your responsibility and we will balance bill you for these amounts, if applicable. **Self-Pay** – If we do not participate with your insurance company, payment in full is expected at the time of service. **Unpaid balance** – If your insurance company has not paid your account within 45 days, the balance will be automatically transferred to you. Every insurance contract is different and your insurance company makes the final determination regarding reimbursement for services rendered. If your insurance company advises us that your insurance policy has terminated or that there is a balance due, you will be billed. It is your responsibility to discuss any insurance problems directly with your insurance company. Balance is to be paid in full at the time the statement is issued. **Referrals** – If treatment by a specialist requires a referral from your insurance company, it is the patient's responsibility to obtain this referral *prior* to your arrival in this office. We will not be able to allow telephone calls to be made from our phones to obtain referrals.

Elective/Cosmetic Procedures

These include, and may not be limited to: Botox™ Injections, Chemical Peels, Skin Tag Removal, Dermapeels, Laser Hair Removal, Spider Vein Treatment, Facial Rejuvenation, keloid injections. Payment for these services is your responsibility and is due and payable *in full* at the time services are rendered.

Medicare Patients

We accept Medicare assignment. This means that the doctor receives 100% of the allowable charges for services rendered to you. If you do **not** have secondary insurance, the 20% of the allowable charge is due at the time of service, as well as any portion of your annual Medicare deductible that you have not satisfied for the current calendar year. If you do have secondary insurance, we will bill that insurance on your behalf after Medicare has processed our claim. You will be balanced billed for any amounts legally allowable and not reimbursed by your secondary insurance carrier.

Minor Patients

Treatment will not be rendered to anyone 17 years old or younger unless accompanied by a parent or guardian.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge \$75.00 for missed appointments. Please help us serve you better by keeping scheduled appointments.

Fees

We reserve the right to charge a \$3 late fee PER MONTH to any unpaid balances over 30 days old. Insufficient funds fee is \$25 on returned checks. Future payments on accounts that have had a check returned will be credit card only.

I have read, understand and agree to this POLICY.

Signature of patient or Responsible Party

Date