



OFFICE AND FINANCIAL POLICIES

Thank you for choosing Mid Florida Dermatology & Plastic Surgery for your skin care needs. We are committed to providing outstanding medical treatment and care. We understand that many patients find insurance coverage and financial responsibility issues complex and confusing. Because of this, we have outlined our practice's policy in detail to help you.

INSURANCE

Please have your insurance card available when checking in for your appointment. Also, many insurance plans require you to obtain a referral from your Primary Care Physician (PCP) before receiving services. Please have referral with you when checking in for your appointment. As a courtesy, we will verify coverage and bill your insurance carrier on your behalf. Please remember that participating insurance plans require that all co-pays be paid at the time that you receive any services. You are responsible for payment of your bill. Provider may perform procedures or services deemed necessary to your health. Not all services or procedures are covered by all insurance contracts. You will be held responsible for payment of these charges. Please contact the Customer Service or Member Services Department of your insurance company. (The phone number is listed on your insurance card.) A statement from our office will be sent to you indicating what your insurance has paid. Any remaining balance is due upon receipt of that statement. Please inform the practice of any changes regarding your insurance or demographics.

If you are unable to pay the balance in full per the statement, please contact our billing department at 407-299-7333, ext. 1330, to arrange a payment plan. Co-insurances and/or deductibles cannot be waived by our practice. Additionally, you may receive laboratory bills from your participating laboratory or from Mid Florida Dermatology & Plastic Surgery on site laboratory.

NO INSURANCE OR SELF PAY

Payment will be due on day services are rendered. Price listing for certain services is available upon request, before services are performed.

RETURNED CHECKS

A \$25.00 CHARGE WILL BE ADDED TO YOUR ACCOUNT FOR ANY CHECK RETURNED BY YOUR BANK FOR ANY REASON.

APPOINTMENT CANCELLATIONS

If you are unable to keep your scheduled appointment, please call our office 24 business hours in advance to reschedule your appointment. This will enable us time to use your time slot to accommodate another patient. Failure to do so will result in a \$50.00 fee being added to your account.

MEDICAL RECORDS

We will provide you with a copy of your medical records upon request. You will need to sign a letter of release. Please allow 10 business days for us to copy your records. There will be a fee of \$1.00 per page for the first 25 pages, then 25 cents per page thereafter. Payment is due upon receiving the records.

PATIENT / GUARDIAN SIGNATURE

DATE