



ANTHONY DEE, M.D., PLLC
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Dermatologic Center for Excellence

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FINANCIAL POLICY

Our staff is committed to providing you with the best medical care possible. Our office participates in a variety of insurance plans. If you have an insurance plan in which we do not participate, you will be **required** to sign an out-of-network waiver and our office will be happy to assist you in filing the insurance claim upon request. However, payment in full is expected at the time of service and your insurance company will reimburse you accordingly.

If you have questions regarding your insurance, we will try to help. However, questions relating to specific coverage issues must be directed to your insurance company's member services department. Their telephone number is usually on the back of your card.

The following apply to every visit.

- Bring your insurance card.
- **Be prepared to pay your co-payment amount.** We accept cash, check and credit card payments. The fee for returned checks is \$25. Check Velocity is used for returned checks.
- For medical care not covered by your insurance, payment in full is due at the time of the visit.

Co-payments and deductibles: **Please be prepared to pay your co-payment amount at each visit.** We will not waive or discount co-payments or deductible payments that are **required** by your health insurance carrier.

Referrals: Many insurance plans require a referral from your primary care physician to be seen by a specialist. To avoid delays, please bring any required referral for treatment at the time of your visit. If you do not have a required referral, your visit may be rescheduled or you may be financially responsible.

Delinquent accounts: Please remember that it is your responsibility to pay your bill in full when you are billed. We realize that there may be extraordinary circumstances which make it impossible to do so. If you are experiencing such difficulties, we may be able to make special arrangements in your case, but only if you call the office for assistance. **All delinquent accounts over 30 days will be subject to an additional interest charge of 1 1/2% per month. A charge of the current billing rate will be assessed for missed or cancelled appointments without 24 hour advance notice. Missed or cancelled surgical appointments less than 24 hours in advance will be assessed a \$100.00 fee.**

I certify that I have read and understand this financial policy.

Signature _____ Date _____