

# Upper Hudson Valley Dermatology, PC and Schenectady Dermatology, PC

## *GENERAL CONSENT, FINANCIAL, and CANCELLATION POLICY*

Welcome to the dermatology practice of A. Neal Gregory, MD, MPH.

This financial statement and agreement is valid between any patient and Upper Hudson Valley Dermatology, PC and Schenectady Dermatology, PC. Please take a moment to review the terms and explanations below:

***Medical Insurance:*** Our office participates in most medical insurance plans. When making your first appointment please be prepared to provide your insurance ID number and the name of your primary care physician. At the time of your initial visit, please bring your insurance ID card, and referral (if required).

If you have any questions about your medical insurance, we encourage you to contact your insurance company directly.

***Participating Provider:*** This is a medical practice, such as this dermatology practice, that is part of an insurance company's network of health care providers. As a participating provider, we agree to accept the insurance company's terms of payment and collect any co-payment assigned by the insurance company to the patient for a particular visit to our practice.

We reserve the right to charge a \$10.00 service fee in addition to your co-payment if the co-payment is not paid at the time services are rendered. For your convenience, payment may be made by cash, personal check, Visa or Master Card.

***Non-Participating Provider:*** This is a medical practice, such as this dermatology practice, that is *not* part of an insurance company's network of health care providers. As a non-participating provider, payment is the patient's responsibility and is due in full at the time services are rendered. You may submit your bill to your insurance company for possible reimbursement

***Referrals:*** Certain insurance plans require patients to obtain referrals from their primary care physicians. Patients whose plans require referrals are responsible for obtaining the referral prior to being seen at Upper Hudson Valley Dermatology, PC or Schenectady Dermatology, PC. If the referral is not received prior to your appointment, you will be required to sign a patient waiver accepting financial liability, or you may choose to reschedule your appointment for a later date.

***Cancellation Policy:*** If you are unable to keep your appointment, please notify us at least 48 hours in advance or you may be subject to a \$50.00 cancellation fee.

**Covered Medical Procedure:** This is a medical procedure that is the financial responsibility of the insurance company. It is the patient's responsibility to know which medical procedure(s) their insurance plan covers. Upon request, we will (if available) supply you with the CPT codes (a number assigned to identify each medical procedure) and the ICD-9 codes (a number assigned to identify a working diagnosis).

If you have any questions about your service coverage or insurance plan, we encourage you to contact your insurance company directly.

**Non-Covered Medical Procedure:** This is a medical procedure that an insurance company decides not to cover. We encourage patients to contact their insurance company prior to service in order to become familiar with the financial responsibility associated with having the services performed. Payment is the patient's responsibility and is due in full at the time services are rendered.

**Cosmetic Procedure:** Insurance providers consider these types of procedures medically unnecessary, or elective. Fees related to a cosmetic procedure are discussed with patients prior to the service(s) being performed. Payment is the patient's responsibility and is due in full prior to services rendered.

Thank you for choosing us as your health care provider.

I certify that I have read the general consent, financial and cancellation policy of Upper Hudson Valley, PC and Schenectady Dermatology, PC, and agree to abide by these terms.

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Patient's Signature

Date

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Parent or Legal Guardian

Date

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Practice Authorized Signature

Date