



**Advanced Dermatology
of Southeast Missouri**

General, Surgical, and Cosmetic Dermatology for all ages.

OFFICE POLICIES

Appointments

Date _____

We value the time we have set aside to see and treat you. If you are not able to keep your appointment, we require a 24-hour notice. If you are late for your appointment it may be necessary to reschedule. There will be a \$50 charge for a missed clinic appointment and a \$200 charge for a missed surgical appointment. If you No Show for any clinical/surgical appointments, your future scheduled appointments may be cancelled, if you NO Show for 2 clinic/surgical appointments you will be dismissed from the practice.

Assignment and Release

By signing below, you are assigning your insurance benefits to be paid directly to the Physician. You will be financially responsible for any copayments, deductible or non-covered services. This also authorizes the Physician to release information required to process your claims.

Additional Paperwork

If you require any additional paperwork be completed by the Staff of Advanced Dermatology, there will be a \$25 fee. Please allow 7-10 business days.

Information Updates

Please bring your insurance cards with you to every visit to ensure we have correct information on file. It is your responsibility to keep us updated with correct information.

Payment Policies

If you do not have insurance or are having a cosmetic procedure performed, payment is due at the time of service, co-pays are due prior to seeing the Provider. Any portion not covered by your insurance plan is expected to be paid by you. All balances **MUST** be paid prior to scheduling future appointments. All unpaid balances will be submitted for outside collections and applicable fees will be applied. We accept cash, checks, Visa, MasterCard, Discover, American Express and Care Credit.

Transfer of Records

If you transfer to another physician, we will provide you a copy of your record free of charge, as a courtesy to you. We require 48 hours' notice. A paper copy of your complete record is available for the usual and customary rate of \$28.57 plus \$0.66 per page. You may access your medical records at no cost online through our patient portal at <https://moon.ema.md>.

Please acknowledge, by your signature below, that you have received and reviewed our Office Policies.

Patient/Responsible Party Signature

Relationship to Patient

Patient's DOB