

FINANCIAL POLICY/INSURANCE BILLING
VUJEVICH DERMATOLOGY ASSOCIATES, PC

Thank you for choosing us as your health care provider. We are committed to the best of medical and surgical care and would like to make you aware of the following policies.

- Patients **must provide** the office with **accurate insurance information** at the time of their appointment.
- **Insurance benefits** are a **contract** between the **patient** and their **employer/carrier**.
- Insurance coverage varies. Refer to your insurance manual or call your insurance carrier with questions.
- **You are responsible** for non-covered expenses such as deductibles, co-insurances, co-payments, office visits, cosmetic services, or pre-existing conditions. **If you have a deductible**, you must pay your portion to Vujevich Dermatology Associates, PC.
- We do participate with most insurance carriers. However, **if we do not participate with your carrier** or if you do not carry coverage, **you are responsible for payment at the time of service**.
- **We are required by contract to collect** all co-payments, deductibles, or bills **at the time of visit**.

Your signature signifies that you understand our financial policy and your responsibility regarding charges incurred in this health facility.

Patient or Responsible Party Signature

Date