

Bradley S. Kurgis, D.O., INC

Patient Financial Policy

Welcome and thank you for choosing Dr. Bradley Kurgis for your dermatology care. Carefully review the following information, your signature and initials are required on this form in order to be seen by one of our providers.

PLEASE INITIAL THE HIGHLIGHTED AREAS

INSURANCE: _____

- Dr. Kurgis Dermatology participates with most major health insurance plans; they vary in the amount of coverage and medical services provided.
- It is your responsibility to check with your insurance company to confirm that Dr. Kurgis Dermatology is within your network and that your medical services will be covered.
- You are responsible for all co-payments at the time of service. We accept Cash, Checks, Mastercard, Visa, American Express and Discover.

NO SHOWS/LAST MINUTE CANCELLATIONS: _____

- As we are sure you are aware, appointments at our office are very difficult to obtain because of the high demand for dermatological care in our County.
- When you do not show up for your scheduled appointment or reschedule in less than 24 hours, it is impossible for us to fill that appointment slot with another patient. Therefore, we ask that you call us within 48 hours but no less than 24 hours.
- There will be a \$100 charge for a missed office visit and a \$250 charge for a missed surgery appointment. If you are more than 10 minutes late by our clock, you may be asked to reschedule your appointment.

BILLING: _____

- You will be billed separately from an outside pathologist or laboratory if we perform a biopsy, surgery, or labs. You will be asked for your insurance card and ID at each visit.
- Our billing is done in house, for billing questions or to set up a payment plan, please call Heather at (805) 610-6549.
- We will send out 2 statements and 1 phone call for outstanding balances. If at that time it you have not paid your account, will be turned over to the collection agency.
- You will be assessed a \$35 fee if your check is returned, the payment of the check and the fee will be due immediately and you will no longer be able to pay for services with a check.

Print Patient Name

Date of Birth

Signature Patient or Legal Guardian/Responsible Party

Date