



Patient Name: _____

MRN#: _____

The following is our Payment Policy which we require you to read and sign prior to your visit(s).

Thank you for choosing WCM- Dermatology to provide your health care. We are committed to your successful treatment.

You are required to inform us immediately of any changes in demographic (home address, telephone numbers) Or medical insurance information.

You are expected to pay all previous outstanding balances prior to scheduling the next visit.

If you have questions about billing, please ask to speak with one of our Billing Representatives or call 646-962-4521.

If we are participating providers:

You must present your Insurance Card, and, if applicable, Insurance Referral Forms at every visit. We will submit bills directly to your insurance company for payment on your behalf. Patients without insurance card(s) and/or a proper referral will be asked for payment in full at time of service or to reschedule the visit.

It is the patient's responsibility to obtain new and up to date Insurance Referrals, if applicable.

All co-pays, deductibles and non-covered services will be collected at time of service. In the event that your insurance coverage changes to a plan where we are not participating providers, please refer to the below section.

We are legally required to collect your copayments, coinsurance and or deductibles:

The Healthcare Financing Administration (otherwise known as HCFA) is the federal government agency responsible for setting policy and overseeing the Medicare/Medicaid programs. HCFA has mandated that physicians and other providers of care Must Collect Copayments, Coinsurance and Deductibles. This is enforced by the Office of Inspector General (OIG). The reasoning behind this is that if your doctor waives your copayment or deductible he/she is in effect giving you a discount. Therefore if he/she is willing to provide this service to you at a discount, he should also give a discount to the Insurer. The second reason is that the insurers objective for requiring copayments and deductibles is to cause you (the insured), to have a shared cost of your healthcare, thereby reducing unnecessary consumption of covered services.

We understand that sometimes financial hardships may affect your ability to pay in full. We will always do everything we can to work with you. However we ask that you contact us as soon as possible to discuss an arrangement that is satisfactory for everyone.

If we are Out of Network with your insurance plan Or You do not have medical insurance:

Payment is due at time of service. It is the responsibility of the patients to submit an original claim directly to their insurance company along with any pertinent information/documents.

Cosmetic Services

Payment in full is due at the time of service for all services that are considered not medically necessary or cosmetic. No Exceptions.

Usual and Customary Rates

Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

We appreciate your faith and trust in us and thank you for the opportunity to serve your healthcare needs.

I authorize payments to be made directly to the Weill Cornell Medicine- Department of Dermatology and fully understand that I am the responsible party for all charges incurred by me or my dependents at this facility. I also authorize the release of any and all information required to collect and process my medical insurance claims.

I have read the policy; I understand and agree to it.

Print Name of Patient or Responsible Party

Signature of Patient or Responsible Party

Today's Date