

# Office Policies

## Financial Policies

We make every effort to keep down the cost of medical care. Please be prepared to pay any copay, co-insurance, deductible, or payment for non-covered services at the time of your appointment. Cosmetic procedures need to be paid in full prior to the procedure.

Your insurance coverage is a contract between you and your insurance company. Responsibility for payment is your obligation as the patient.

## Referrals

If your insurance carrier requires a referral from a primary care physician prior to seeing a specialist, it is your responsibility to obtain that referral. Sometimes these referrals expire, and our office staff will try to notify you if that occurs. If a required referral is not received by the time of your scheduled appointment, you may reschedule your appointment or sign a waiver and pay for the services directly yourself.

## Minor Patients

For patients under 18 years of age, a parent/guardian or responsible adult must be present for the entire visit.

## Cancelled Appointments

**No Show & Same Day Cancellations:** If you are unable to keep your scheduled appointment, please call the office immediately. Please give us at least 24-hour notice for cancellation or by our policy you may be subjected to a \$25 no show/same day cancellation charge. We are located in an area of increasing demand for medical services, so when appointments are cancelled without adequate notice, we are unable to offer that appointment time to another patient in need of our services.

Some cosmetic procedures require a deposit when booking the appointment. If you need to cancel an appointment that required a deposit, you will need to provide at least 72 hours' notice or the deposit will be forfeited.

Thank you for your understanding and attention to this policy.

## No Surprise Act

Under the No Surprises Act, you are entitled to an estimate of your medical bill by your provider if you are currently not insured or are opting not to use insurance.

A Good Faith Estimate is for the total expected cost of any non-emergency items or services that will be provided to you. You may dispute your post-care bill if the cost is at least \$400 more than your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, please visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-877-696-6775.