

**THE PRINCETON CENTER FOR DERMATOLOGY  
OUR FINANCIAL POLICY**

**OUR POLICY:** Our policy requires payment of co-payments and any deductibles at the time of service. If there is any balance owed after all insurance companies have made their payments, we will bill you for the remaining amount.

**HMO AND PPO MEMBERS:** If you are a member of an HMO or PPO in which we participate, your deductible or co-payment is required at the time of service. You are also responsible to see that we have a current referral on hand if your insurance carrier requires one. If we do not have this referral at the time of the visit, your insurance company may hold you responsible for all charges. You may also be sent back to your primary care physician prior to being treated to obtain a current referral.

Our agreement is with YOU and NOT your insurance company. Although we will assist you in submitting your claim to your carrier you are ultimately responsible for the services you receive. Payment to our office is not contingent or dependent on your insurance carrier.

In your interest, we are pleased to accept Visa, MasterCard Discover and American Express for your charges. Returned checks will receive a \$30 overdraft charge.

If you have any questions about our financial policy or you insurance reimbursement, please feel free to discuss them with the billing manager.

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Patient/Responsible Party Signature

\_\_\_\_\_  
Date