



## Patient Insurance and Financial Policy

100 White Spruce Boulevard  
Rochester, NY 14623  
(P) 585-272-0700  
(F) 585-272-8356

- NOTE: This office makes no claims, verbal or written, as to the insurance coverage/payment of any services or procedures done at this office. Your insurance plan **may** require you to pay this office all, or a portion of, your visit/service here, either in the form of an annual deductible, copay or coinsurance. Please contact your insurance carrier directly for information regarding your particular plan benefits and out-of-pocket expenses. We do participate with **most** insurance plans, but not all. Please contact them prior to your visit to confirm our participation status.
- Co-payments are due on the date of service – no exceptions. Also, it is the patient's responsibility to accurately know his or her own co-payment amount. Co-payments not paid on the date of service will be assessed a \$10.00 late fee. For our patients' convenience, we accept Visa, Discover, American Express, Mastercard, personal checks and cash.
- All cosmetic procedures or self pay procedures are payable in advance. Payment can be made by cash, credit card or approved loan programs (like carecredit or greensky).

Our Financial Policy has been set up to prevent misunderstandings. We like to acknowledge patients who take a responsible approach to paying for their dermatological care.

1. Full payment is expected at the time of service unless other arrangements are made.
2. Returned checks are subject to a \$25.00 service charge.
3. It is understood and agreed that in the event any outstanding balance has to be referred to a collection agency or attorney for recovery, you will be fully responsible for all collection agency fees and attorneys' fees.