



WEXLER DERMATOLOGY FINANCIAL POLICY

The physicians and staff at our practice are dedicated to providing you with the best financial care and service. We regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policies. If you have any questions, please feel free to discuss them with our staff.

PAYMENT

Payment is expected at the time of your treatment. We accept cash, personal checks, debit cards, and credit cards (Mastercard, Visa, Discover, and American Express).

INSURANCE

If applicable, we will provide you with a form to be presented to your insurance carrier.

CANCELLATION POLICY

Patients will be charged in full for appointments not cancelled 48 HOURS prior to the date of the appointment.

MINOR POLICY

For all services rendered to minor patients, the adult accompanying them is responsible for payment.

PATHOLOGY AND LABORATORY FEES

Pathology and laboratory fees are separate from our fees and will be billed directly to you. You will receive a separate bill from the lab company.

I have read, understand, and agree to the financial policies of this office. I am fully responsible for all professional fees and services rendered.

Parent/Guardian (*if minor*): _____

Signature: _____ Date: _____