

# OFFICE AND FINANCIAL POLICIES

Bayshore Dermatology Center

Robert S. Tausend, M.D.

*3901 Woodlawn Avenue - Pasadena, Texas 77504*

We would like to thank you for allowing us to provide your health care needs.

Please read all our office and financial policies & below.

- A valid insurance card and photo identification(e.g. drivers license) are required for all new patients and are necessary for filing for your insurance. If these documents are missing, you will be asked to reschedule your appointment.
- Please provide us with information on all insurance plans, for which you are covered. If your insurance company does not pay due to your not providing us with insufficient and/or timely information, you will be responsible for the difference in payment.
- Referrals: you should know whether your insurance requires a referral, and, if needed, obtain one prior to scheduling an appointment. Referrals typically have an expiration in a set number of visits.
- Copayments, co-insurance and deductibles are due at the time of your visit. These fees are collected through our best efforts. Any differences will be charged or refunded to you.
- Your insurance plans benefits may change from time to time. It may not cover something that was covered the last time you saw your physician.
- You are responsible for providing any changes of address, telephone numbers and/or insurance information whenever such occurs.
- You are responsible for responding promptly to requests from us or your insurance company to provide any additional information required from you. Any claims unpaid due to your failure to provide timely information will become due from you and payable in full immediately.
- Procedures (e.g., treatment affords injections etc.) are considered "surgical procedures" by insurance companies and the fees for these services may require a separate surgical deductible, copayment or coinsurance.
- Pathology and laboratory fees or separate and are billed by the laboratory performing the services.
- We request that you call our office at least 24 hours prior to your appointment. If you must cancel or reschedule your appointment. We reserve the right to charge a \$50 fee for noncompliance.
- Your account will be charged \$20 for all returned checks. We request you pay this fee plus the face amount of the check and cash. You may be asked to pay in cash for future visits.
- Past due accounts will be turned over to a collection agency. Any collections fees, legal fees or attorneys fees will be added to the amount you owe.
- Fees for medical records will be charged as allowed by law. Please give two weeks for such requests.
- Medications are not renewed over the phone, fax or mail. Please ask for all refills at the time of your visit.
- We can reduce billing costs if your credit card information is provided to us at your time of visit.
- People accompanying the patient: we cannot consult or treat anyone who does not have an appointment in their name. Medically/legally, we must have a chart. If a medical opinion is rendered. If the person is currently a patient, it would be improper to render consultation time without an appointment.

I have read and I understand the policies outlined above, and I agree to abide by them.

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Date

Print Patient's Name

Signature of Parent or Guardian