

**FINANCIAL POLICY:**

We are committed to providing you with the extraordinary dermatologic care. If you have medical insurance, we would like to help you receive the maximum insurance benefits. In order to do so, we need your assistance and encourage your understanding of our office policy with regards to payment for services rendered.

We participate and file insurance claims for Medicare only. Therefore, for all other patients, payment is due at the time services are rendered. We accept cash, check, Visa, or MasterCard. At the end of your visit, we will provide you with the necessary form (HCFA form) so that you may obtain reimbursement directly from your insurance company. Please ask for assistance if needed.

**MEDICARE PART B PATIENTS:**

I request that payment of authorized Medicare benefits be made to Melda Isaac, M.D. for any services rendered on my behalf. I authorize the release of any medical information needed to determine these benefits or the benefits payable for related services.

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Patient's Signature                      Date

**PATIENT AGREEMENT:**

I understand that I am financially responsible for all charges incurred. There is a \$25.00 fee for all returned checks. If I am unable to keep my scheduled appointment, I agree to give 24 hours' notice; otherwise, I may be charged a fee, depending on the length of the scheduled appointment.

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Patient's Signature                      Date