



# MAIN LINE DERMATOLOGY

DERMATOLOGY, DERMATOLOGIC SURGERY, COSMETIC DERMATOLOGY AND MOHS MICROGRAPHIC SURGERY [www.mainlinederm.com](http://www.mainlinederm.com)

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## Financial Policy

### Insurance:

- It is important to understand that insurance is an agreement between you and your insurer. It is your responsibility to be knowledgeable about, and aware of the limitations of your plan, your copay, coinsurance, deductible, and out-of-pocket expenses.
- If your insurance plan requires a referral and you arrive without one, you are responsible for contacting your primary care physician to obtain that referral before being seen by one of our providers.
- If we are participating provider with your insurance, all charges for “covered services” will be submitted to your insurance company for you.
- We do not participate with Medicaid plans, so we are unable to see Medicaid patients.

### Payments for Services and Products:

- Payment for copays, coinsurance, deductibles, and all cosmetic procedures and products are payable at the time of service.
- Cosmetic procedures may require a deposit of \$100.00 which is applied to the total cost of your service.
- Cosmetic patients who cancel a cosmetic appointment less than 24 hour prior to the appointment will not be issued a refund on the cosmetic deposit, unless the procedure is rescheduled within two weeks of the original appointment date.

### Statements, Outstanding Balances and Other Fees:

- All balances are due upon receipt of the first statement and must be paid in full prior to receiving additional services or products.
- If balances remain unpaid after 60 days, we may turn your account over to a collection agency. The collection agency may add collection and processing fees of up to 40% of the original unpaid balance.
- There may be a fee of up to \$40.00 for checks returned by your bank.
- There may be a fee of up to \$100.00 for patients who no show for an appointment.

**I have read and agree to the Financial Policy of Main Line Dermatology.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name