

Office and Financial Policies
Bayshore Dermatology
Robert S. Tausend, M.D.- William E. Tausend, M.D.

3901 Woodlawn Avenue- Pasadena, Texas 77504

Phone- (713) 946-2666| Fax-(713) 946-9595| billing.bayshorederm@gmail.com

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

Please read all of our office and financial policies below.

- In order to accept your insurance, a credit card will be required to guarantee payment of all patient responsibility as determined by your insurance plan. Claims that are unpaid after 90 days will be charged to your card, pending payment.
- A valid insurance card and photo identification are required for all new patients in order to file your insurance. If these documents are missing, you will be asked to reschedule your appointment or pay for your visit in full at the time of visit.
- Please provide us with information on all insurance plans for which you are covered. If your insurance company fails to pay due to your not providing us with sufficient and/or accurate information, you will be responsible for all charges.
- It is your responsibility to know if your insurance requires a referral, and if needed, obtain one prior to scheduling an appointment. Referrals typically have an expiration date and a set number of visits.
- Co-payments, co-insurance, and deductibles are due at the time of your visit. These fees are estimated through our best efforts. Any differences will be charged to your credit card on file.
- Your insurance plans benefits may change from time to time. It may not cover something that was covered the last time you were seen.
- You are responsible for providing any changes of address, telephone numbers, email, and insurance
- 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 be charged to your credit card on file.
- Procedures (including treatment and injections) are considered surgical procedures by insurance companies and the fees for these services may require a separate surgical deductible or co-insurance in addition to your office co-pay.
- Pathology and laboratory fees are 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. We reserve the right to charge a \$35 fee for non-compliance.**
- Your account will be charged \$25 for all returned checks
- Past due accounts will be turned over to a collection agency. Any collections fees, legal fees, or attorney's 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.
- We cannot consult or treat anyone who does not have an appointment in their name. Medically and 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 a consultation without an appointment.
- The individual accompanying a minor to their visit is responsible for payment of charges. This cannot be transferred to an individual that is not present

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

Date

Print Patient's Name

Signature of Patient or Parent