

**BILLING POLICY**

Welcome to Montgomery Dermatology, LLC. Thank you for choosing our practice. It is our goal to provide you the best care possible.

If you do not have insurance, payment for services rendered is expected on the day of your visit. You may pay by cash, check, Visa, MasterCard, or Discover.

We participate in several HMO and managed health care plans. If you have a private insurance plan that we participate in, we will submit your claim for payment as a courtesy. Your copay will be due on the day of your visit if required by your insurance plan. Your copay amount is typically written on your insurance card. If you have any questions about this amount, please direct them to your individual insurance carrier. It is required that you bring in your insurance card at the time of visit as we cannot bill without proof of your coverage. It is also necessary to bring in a picture ID. \*If a referral is required, it is your responsibility to bring this in on the day of your visit. If you forget to bring it in and cannot obtain a referral prior to your appointment time, we will kindly ask you to reschedule your appointment. \*\*If your HMO or managed health care plan determines your office visit and/or procedure performed is "cosmetic" and not covered in your plan, please be aware that you are then responsible for this fee and will be billed accordingly.

If we do not participate with your insurance, you will be expected to pay for the visit and/or procedure **before** you leave the office.

We do not participate in workmen's compensation cases.

We do participate with Medicare. Please be aware that you are responsible for paying the deductible and 20% of the accepted fee that Medicare allows.

You will be held responsible for any remaining balance not covered by your insurance. Bills are sent out on a monthly basis. If a bill is not paid in a timely manner, we may unfortunately resort to the use of a collection agency. If you receive a bill that you question please do not hesitate to contact us. Please feel free to discuss any issues. We will not misrepresent any medical information to ensure reimbursement by insurance companies.

***Friends and colleagues should be aware that we abide by the Kennedy-Kasenbaum law prohibiting physicians from waiving copayments and deductibles.***

Thank you for choosing our practice.

**CANCELLATION/ NO SHOW POLICY**

If it is necessary to cancel an appointment we request 24 hour notice to be given. We reserve the right to discharge patients from our practice who repeatedly fail to come in for scheduled appointments or fail to give appropriate notice.

Thank you, Dr. Ilyas

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_