

**HILL COUNTRY DERMATOLOGY**  
**Vicente Quintero, MD PA**

**OUR FINANCIAL POLICY**

The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. All patients must complete our Information and insurance form before seeing the doctor. Please understand that payment of your bill is considered a part of your treatment.

**WE ACCEPT: Cash, Check, MasterCard, Visa, Discover**

**Regarding Insurance:**

Our billing department will file your insurance claim as a courtesy to you. While we are pleased to be able to provide this service to you, **it is extremely difficult for us to keep track of all the individual requirements of each plan.**

Each plan has different stipulations regarding how often services may be rendered and, even more importantly, where those services may be performed. **Providing quality medical care for our patients is our primary concern.** We are more than willing to provide that care within your insurance contract guidelines if you let us know at **EACH time of service** exactly what those guidelines are. If your insurance company has not paid your account within 60 days, the allowed balance will automatically become your responsibility. In addition, it is the patient's responsibility to contact their insurance company to inquire why a claim has not been paid and/or why any additional payment other than the usual co-payment is due. (This may include but is not limited to: deductibles, co-insurance, and treatments that are not covered under your plan's provisions.) Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

**\*\*ALL COPAYMENTS, COINSURANCE AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE\*\***

**Removal of warts, moles, skin tags, lesions and biopsies are considered surgical procedures by the insurance company and are applied toward your deductible/co-insurance.**

**Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients and we accept your insurance company's allowable regardless of our bill, and you may be responsible for that amount.

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**Adult Patients**

Adult patients are responsible for full payment at time of service.

**Minor patients**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit card, or payment by cash or check at the time of service has been verified.

**Missed Appointments:**

Unless cancelled, at least 24 hours in advance, our policy is to consider your missed appointment as a **“no call no show”**. If you accumulate 2 “no call no show” appointments, we will have no choice but to charge you \$35 which is the average cost of a co-payment as your scheduled appointment time could have been given to another patient in need of medical treatment. Please help us serve you better by being on time and keeping your scheduled appointments.

It is important that you arrive at your designated appointment time. If you are late it can make everyone after you late. Our office tries very hard to run on time so if you are late, you may be asked to reschedule.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

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Signature of Patient or Responsible Party

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Date

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Print Name of Patient