

Brent C. Sigler, M.D.  
Integrated Dermatology of Lone Tree, PLLC.

**General Dermatology Financial Policy**

**In order to ensure the best communication between our office and you, the patient, our office has adopted the following financial policies:**

**Payment Agreement:** I understand that it is my responsibility to pay any deductible amount, co-insurance, or any other balance deemed patient responsibility by the insurance company or our office at the time of service for each visit to our office.

**If Your Insurance Requires a Referral:** I understand that if my insurance plan requires a referral authorization for my appointments, it is my responsibility to obtain a referral prior to scheduling the appointment. If for some atypical circumstance a patient with an insurance that requires a referral does not have his or her referral at the time of their appointment, then the patient has the following options:

1. Reschedule the appointment so that the patient can obtain a referral *or*
2. Sign an HMO waiver indicating that the patient forfeits their rights to submit the claim to their insurance company, electing to **Self-Pay in full** for the appointment.

**Fees:** Our fees are usual and customary for our geographical location and specialty. We invite you to discuss any questions you may have about our services or fees.

**Appointment Policy:** This appointment is reserved exclusively for you. We reserve the right to charge a \$55 fee for appointments canceled or broken without a 24 hour notice for dermatology appointments. (Cosmetic appointment cancellations must be made 5 business days ahead of time).

**Private Insurance:** Although our staff may know the general guidelines about what your insurance policy might cover, you and your insurance carrier are ultimately responsible for knowing the specifics as to your particular coverage.

**ASSIGNMENT OF BENEFITS AND RECORDS RELEASE:** I hereby authorize direct payment of all medical and/or surgical benefits, including major medical, private insurance, and other health plans to BRENT C SIGLER, M.D./Integrated Dermatology of Lone Tree, PLLC of any medical benefits payable to me for the services provided at BRENT C SIGLER, M.D. / Integrated Dermatology of Lone Tree, PLLC. I also authorize the release of all medical information necessary to process insurance claims. This authorization shall remain in effect as long as charges are being submitted for insurance claims processing or as long as dictated by payor I understand it is my responsibility to pay the balance in full if the insurance information provided proves false or otherwise ineffective.

If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and cost of collection. If you are referred to collections, have a bad debt, go through bankruptcy, or pay in an untimely manner you may be dismissed from our practice. I understand and agree that I may receive phone calls regarding an outstanding balance and collections. I give my consent that the office may leave a message on my phone(s) regarding balances and collections.

I understand and agree to the above policies, and hereby accept responsibility for all fees, regardless of insurance coverage.



\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date