

INSURANCE INFORMATION AND PAYMENT AGREEMENT

Our payment policy is payment in full at the time of services rendered. We do accept Visa, Mastercard, American Express, Debit-Card, cash or checks. A copy of your driver's license will be requested at your initial visit.

We are participating with Medicare at this time. There is a coinsurance amount due when billing Medicare. Medicare coinsurance is billable to the patient. If the patient has a secondary carrier, we do as a courtesy submit to your secondary carrier. In the case your secondary does not cover, or only pays percentage of the billable amount you are responsible for balance not paid by secondary carrier. Also, Medicare patients are responsible for yearly deductible unless deductible, has been paid by your secondary Carrier.

It is your responsibility to bring your insurance card, a referral number or referral form if it is needed before seeing the doctor.

If no arrangements have been discussed, all balances will be paid at time of service. We have agreed between us that you do **willingly accept** the responsibility of **payment in full**, for all deductibles, co-pays and non-covered services.

If any payments do not clear up with your credit-card company or banking institution, fees and immediate action will be taken for balance due.

There is an insurance reimbursement variation that may be less than our charge depending on such factors as (if insurance submission arrangements have made).

*Your insurance contract: what is covered; specific exclusions; general exclusions; deductibles

*Availability of the procedure: (this relates to commonness but not necessarily to quality, the more common a procedure, the more insurers feel it is "generally recognized as safe and effective" or "generally accepted", a procedure not widely performed may even be termed "experimental" and excluded from coverage).

*Medical necessity" as determined by insurer.

When the claim is submitted to your insurer, it is possible that they will refuse reimbursement on the basis that the service was 'not medically necessary', we both know that our standards of necessity are different from your insurers. It is up to your insurance company to decide what is 'medically necessary' (in the bounds of your insurance contract).

In many instances, services here are deemed elective by insurance companies. We both agree, of course, that these services are necessary in light of our mutual goal of keeping you and your skin in the best possible healthy condition. In all instances, care is; of course, medically sound with the best possible risk-benefit ratio. Any payments not covered by insurance carrier are tax deductible.

I request that payment of authorized Medicare benefits be made either to me or on my behalf to: Dr. Fredric Haberman for any services furnished to me by the physician/supplier.

I request that payment of authorized Medigap benefits be made either to me or on my behalf to: Dr. Fredric Haberman for any services furnished to me by the physician/supplier.

SIGNATURE: _____ DATE _____