

**WESTSIDE DERMATOLOGY, LLC**  
**1410-B JOHN B. WHITE SR. BLVD.**  
**SPARTANBURG, SC 29306**

**Welcome.** It is our pleasure to serve the Spartanburg community. Please read the following office policies. If you have any questions please ask a staff member. A copy of this form is available upon request.

**Cancellation Policy.** If you must cancel your appointment, you must notify the office **24 hours** in advance. **Failure to notify the office or failure to keep your appointment may result in a \$20 charge.** Our office calls patients 2 days before their appointment, if you do not wish to receive this call please tell the receptionist.

**Insurance.** We participate with Medicare and a number of managed care plans (but not all). Please check with the receptionist regarding your insurance. **All co-payments and deductibles are to be paid at the time of service.** We do accept Medicare assignment however; the patient is responsible for the deductible and the 20% co-insurance.

**Medicaid & Workers' Compensation.** We do not participate with Medicaid nor do we take Workers' Compensation.

**Payment.** Payment for physician services is due at the time service is rendered, unless other arrangements have been made. You will receive a copy of your bill to submit to your insurance company.

**Penalties & Fees for Office Billing.** Once insurance companies have settled your claim, you will receive a bill for any balance which is considered the "patient's responsibility." This may include deductibles, co-payments/coinsurance not paid at the time of service, and any cosmetic/medically unnecessary services denied by Medicare or any other insurance company. **Please pay your bill promptly. Second and subsequent bills will be charged a \$5 re-billing fee.** Unpaid bills will be turned over for collection. If you need to make payment arrangements or have a question regarding your bill, please call the office during business hours.

**Returned Check Charge.** There will be a \$20 service charge on all returned checks.

**Dispensed Products.** All over-the-counter products are to be paid for at the time they are purchased. **NO EXCEPTIONS!!** You may request a receipt. Products can be purchased without having an appointment. **ABSOLUTELY NO REFUNDS WILL BE GIVEN ON PRODUCTS.**

**Lab Charges.** Specimens sent to outside laboratories will generate charges. You may receive a bill from the lab. **It is the patient's responsibility to inform the nurse if your insurance requires a certain lab to be used.**

Please take time to read our patient privacy policies posted in our waiting room. A copy is available at the patient's request.

**I have read the above office policies and understand the conditions concerning these policies.**

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date