

**CENTER CITY DERMATOLOGY, LLC**  
1500 Walnut Street, Suite 1240  
Philadelphia, PA 19102  
Phone: 267-687-4437 Fax: 267-687-4438

**FINANCIAL POLICY**

**We would like to take this opportunity to welcome you to our offices and assure you that we will do our best to provide you with quality medical care.**

**PATIENTS WITH INSURANCE COVERAGE**

We will be happy to help you obtain the appropriate benefit from your insurance carrier. CENTER CITY DERMATOLOGY, LLC makes every effort to accept a broad range of major insurance carriers. However, due to the ever changing nature of health care insurance, you should always check with your specific company to ensure CENTER CITY DERMATOLOGY, LLC is in network. We will bill your insurance carrier as a courtesy to you. However, you are responsible for the payment of the account.

Portions of the bill may not be paid by the insurance company and are to be paid by the patient. Sometimes there is a co-payment, co-insurance, deductible or non-covered service, required by you as per your insurance agreement. Even if you have double coverage (this is possible if you and your spouse both have insurance), there may still be a portion that will be your responsibility.

If you are having treatment over a period of time, we appreciate payment during the course of treatment. Our Business Office will assist you in arranging a payment schedule.

If you are covered by an HMO, you are required to have a referral from your primary care doctor for **all** visits to a CENTER CITY DERMATOLOGY, LLC physician. It is your responsibility to ensure that a referral is issued. Because we are Specialists we **CANNOT** see you without referral from your primary care physician.

**PATIENTS WITHOUT INSURANCE COVERAGE**

Patients without insurance coverage are requested to pay for services as rendered. We accept **MasterCard** and **Visa** payments.

**I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF THE OFFICE OF CENTER CITY DERMATOLOGY, LLC.**

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date