

Wilson Dermatology & Skin Care

447 Woodbourne Road

Langhorne, PA 19047

Phone: (215) 486-8272 Fax: (215) 757-3600

www.wilsonderm.com

IMPORTANT OFFICE POLICIES

Notice regarding HMO Insurances:

Please be advised that an HMO plan requires you to have a referral that is active for the date of service received. Although we strive to check each patient (insurance) file, it is ultimately the Patient's Responsibility to have an active referral from their primary care physician.

If any date of service is not covered by an active referral, you will be billed directly and will be responsible for the charges. As a courtesy, we are reminding you of the policy that is set forth by insurance companies to have this referral.

Notice regarding Medicaid Insurance:

Wilson Dermatology & Skin Care participates in most commercial insurance, we DO NOT participate with any Medicaid Insurance.

Cancellation/No Show Policy

Please be aware that we will charge a fee of \$25.00 for each appointment that is canceled less than 24 hours in advance or for No Shows on the scheduled appointment. We try our utmost to provide short wait times and to accommodate patients with available appointment times. Due to the this increasing occurrence, we are forced to discourage last minute cancellations and no shows for the appointment.

By signing below you acknowledge you are aware of the above listed office policies and understand you will be held liable for any violation of the above policies. Thank you for your cooperation.

Name (Print)

Signature

Date: ____/____/____

If patient is a minor, printed name and signature of parent/guardian:

Name

Signature