

## Office and Financial Policies

Thank you for choosing Greg Krenek, M.D, P.A, for your dermatology care. We are committed to providing you with the highest quality medical care, in an efficient, timely and cost-effective manner. We hope that providing these policies to you will prevent any misunderstanding at your time of visit.

1. Payment is required at the time of service to cover the patient's visit. This may include copay, deductible, co-insurance or any past-due balances. Estimated patient responsibility for surgical procedures will be determined by insurance coverage and will be collected at the time of service. For your convenience we take cash, check, Visa, MasterCard or Discover.
2. Please be on time for your scheduled appointment so that we may continue to see our patients in a timely manner. Bring your current insurance card with you to each visit. Without the insurance card, we will be unable to file your insurance and you will be responsible for the charges for the visit. On follow-up visits, you will be asked to verify all demographic and insurance information so that our records remain up-to-date.
3. We require a 24-hour advance notice if you must cancel your appointment. Confirmations are done 48 hours prior to your scheduled appointment, which allows time to cancel at this time if needed. We also have an answering machine after hours and on weekends for leaving messages. Please honor this as a courtesy to our other patients who are waiting for an earlier appointment.
4. Returned checks will be charged a \$25.00 fee to cover bank fees and processing.
5. In the event that a delinquent account must be turned over to collections, the patient is responsible for the collection agency fees associated with the collection process.
6. HMO patients – It is the responsibility of HMO patients to ensure that they have obtained a referral for all appointments with this office. If you did not get a referral for a specialist office visit, your insurance company will require you to pay the full amount for all services associated with your visit, including all labs and pathology.
7. The parents or guardians accompanying a minor are responsible for providing current insurance information for the minor and/or payment in full for services provided. Unaccompanied minors must have a written authorization for medical treatment signed by the parent or guardian before treatment can be rendered.

I have read, understand and agree to the above office and financial policies. I authorize Greg Krenek, M.D., P.A., to release information necessary to process my claims for healthcare benefits and agree to assign the benefits of my insurance carrier to Greg Krenek, M.D., P.A.

Patient name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(printed)

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

Date \_\_\_\_\_