

LEWIS H. KAMINESTER, M.D., F.A.C.P.

Dermatology

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FINANCIAL POLICY

Diplomate, American Board of Dermatology

Fellow, American Academy of Dermatology

Fellow, American College of Physicians

FINANCIAL POLICY FOR LEWIS H. KAMINESTER, M.D.

Dear Patient:

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office.

- 1) If we participate (are contracted) with a commercial insurance plan that you are covered with, we will bill the carrier for all charges for services rendered. We will file both your primary and secondary insurance plans for contracted plans. You will be responsible for payment (at time of your visit) of:
 - a) The annual deductible
 - b) Co-payments/coinsurance
 - c) Charges for non-covered or cosmetic services
- 2) We are Medicare participating providers. We will bill Medicare and Medigap carriers. You will be responsible (at the time of your visit) for payment of:
 - a) The annual deductible
 - b) Co-payments/coinsurance
 - c) Charges for non-covered or cosmetic services

* You will be asked, to sign a "Waiver of Liability Form" in the event that a service is provided which we know is not covered by Medicare.

If you have Medicare as well as secondary coverage with a commercial plan that is not Medigap or is an insurance company with which we have no contract, we will file a claim for your secondary/supplemental carrier.

- 3) For those patients who are rendered services by Dr. Kaminester and are using their out-of-network benefits, please understand that since we do not have a contract with your plan we are not obligated to adjust our charges based on your plan coverage or benefits. The entire balance is your responsibility at the time the services are rendered.

Your **signature** below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office.

Patient signature: _____ Date: _____
(or legal representative, describe relationship)

Witness: _____ Date: _____