



SOUTHWEST

Skin Cancer & Vein Clinic/Dermatology

Michael S. Graves, M.D.

Mohs Skin Cancer Surgery, Vein Surgery

Venessa Peña-Robichaux, M.D.

Medical Dermatology, Skin Cancer, Cosmetics

Connie Sterritt, PA-C

General Dermatology

Patient Financial Responsibility

There will be a charge for every appointment and payment will be collected on the day of service. Accepted forms of payment include cash, check, Visa, Mastercard and Discover. For **insurances we are contracted with**, we will file the claim for you as a courtesy if you have your insurance card. For new patients or established patients with a change of insurance, if you do not have your insurance card with you at the time of your appointment, you will be required to pay for your visit in full. If you are able to provide us with your insurance card after the visit, we will then file the claim for you and any possible reimbursement will be done after the insurance processes the claim. If your insurance requires a specialist copay, you will be required to pay it at the time of your appointment. If you are scheduled for surgery, estimated deductible and coinsurance amounts will be collected from you on the day of surgery. After the insurance processes the claim, you may receive a statement for additional expenses. We accept Care Credit for any surgical appointment with a minimum balance of \$200. For any unpaid balances, payment is due upon receipt of your statement. You will be responsible for paying any past outstanding balances prior to your next scheduled appointment. Please be aware of your insurance requirements and benefits such as: in network participation, if a referral is required, specialist copay, deductible, coinsurance and any policy limitations or exclusions, by calling the member services number on the back of your card.

Receipt of Notice of Privacy Practices

I have read a copy of Southwest Skin & Cancer Clinic’s Notice of Privacy Practices. (This document is available at the front desk upon check in.)

Release of Medical Information

I do/ do not (circle one) authorize Southwest Skin & Cancer Clinic to release medical information to my parent, guardian, or spouse or children.

Contact Permission

In the event that Southwest Skin & Cancer Clinic needs to contact you (patient) regarding an appointment, medication, or lab result, it is permissible (check all that apply):

- Leave a message on the answering machine
- Speak with spouse/significant other (Name: _____)
- Speak with other family members (Name: _____ Relationship: _____)

Consent to Treatment

I consent to the performance of those diagnostic procedures, examinations, and rendering of treatment by the medical provider and staff as is deemed necessary in the medical provider’s judgment.

Authorization/Assignment/Financial Responsibility

I authorize the release of any medical information necessary to process an insurance claim on my behalf. I understand that I am financially responsible for any changes not covered by my insurance plan. I request that my medical insurance carrier make any payment directly to Southwest Skin & Cancer Clinic for services rendered to me.

No Show/Cancellation Policy

If a patient cannot make the scheduled appointment, it is the patient’s responsibility to call the office to cancel or reschedule at least 24 hours prior to the scheduled appointment. We reserve the right to charge the patient a \$50.00 fee if that patient does not cancel their appointment 24 hours in advance. Additionally, we reserve the right to reschedule an appointment to which the patient is more than 30 minutes late.

My signature below indicates that I have read and am in agreement with all the statements above.

Signature of Patient (or guardian)

Date

Printed Name