



MODERN DERMATOLOGY

WESTPORT, CT

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**MOHS MICROGRAPHIC SURGERY FINANCIAL RESPONSIBILITY STATEMENT**

Mohs Micrographic Surgery can be a relatively expensive procedure. We strongly suggest contacting your insurance carrier prior to the surgery date to discuss these costs and the amounts you will be responsible for paying directly to Modern Dermatology, P.C. We accept all major credit and debit cards, as well as cash. When speaking with your insurance company, they will require the procedure code that is utilized by us for the surgery to determine the level of coverage. The codes that are used are either 17311 or 17313.

For HMO, PPO, Medicare or other managed care insurance plans: You will be responsible for paying any deductibles, co-insurance, co-pays and charges for any non-covered cosmetic services. Payment of co-pays is required at the time of service. Non-payment of co-pay on the date of service will result in a \$10 surcharge. Co-insurance and deductibles will be billed to you and are due upon receipt of one bill.

For Private Insurance and Medicaid Patients: Patients who are covered by private commercial plans and Medicaid in which our physicians are not providers will be required to pay the total bill at the time of service. An insurance claim form will be mailed to you so that you may submit the bill to your insurance carrier.

For Patients with No Insurance: Full payment is required at the time of service.

For Cosmetic or Any Medically Unnecessary Procedures: Full payment is required at the time of service.

Cancellation Policy: We limit the number of Mohs surgeries per day to ensure each patient receives the highest quality of care and treatment necessary. We require that you give at least 2 business days' notice to our office in the event you cannot make your scheduled surgical appointment. Cancellations given less than 2 business days in advance will result in a \$150.00 charge to your account.

Billing Inquiries: Should you have questions about the potential costs of your procedure after speaking to your insurance company, or questions about your bill, please call (203) 635-0770.

You have the right to review our policy before signing this acknowledgement. If we change our notice you may obtain a revised copy by contacting our office. Your signature acknowledges your receipt of our policy.

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Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date