



# DERMATOLOGY

— *& Skin Cancer* —

## SURGERY CENTER

an affiliate of

## PREFERRED DERMATOLOGY

1790 N. Stonebridge Dr.

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### **MEDICAID WAIVER**

Date: \_\_\_\_\_

This form is to inform you that Dermatology & Skin Cancer Surgery Center is NOT a Medicaid provider. We will not file Medicaid and will not receive payment from Medicaid. If you have Medicare and they file with Medicaid, we still will not receive payment. You are responsible for any co-pay or percentage payments required from your primary insurance on the day of your visit. Should any payment received by you result in NSF (non-sufficient funds) we will apply an additional \$25.00 to the balance for fees applied by the bank. At any time if your balance is referred to collections for non-payment we will apply an additional \$20.00 to your current balance. You will also be responsible for any fees charged by the agency for cost of collections.

I have read and understand the above:

Patient Signature: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_