

Brent C. Sigler, MD  
10099 RidgeGate Parkway, Suite 410  
Lone Tree, CO 80124  
303-770-4040

### General Dermatology Policy

**Financial Agreement:** To improve the communication between our office and you, the patient, our office has adopted the following financial policies:

**Payment Agreement:** Our office requires payment at the time of each visit, unless the patient is covered by a PPO, HMO or other insurance group that our office accepts. However, if the patient has a high deductible and it is the first part of the calendar year, the patient may be asked to pay a portion or all of the visit cost. If the patient has an HMO then the referral must be in our office **prior** to the patient scheduling an appointment.

Co-payment is due at the time of service.

If a patient's check is returned to us, the check and information automatically is sent to a collection company called *Global Payments*. During this circumstance, the patient must work with *Global Payments* directly to cover the cost associated with the returned check.

**HMO Patient with No Referral:** We require patients with HMO insurance to obtain referrals from their primary care physician **prior** to scheduling an appointment. These referrals must be faxed or sent to our office **prior** to the patient scheduling an appointment. However, if for some atypical circumstance the patient with HMO insurance does not have his or her referral number at the time of their appointment then this patient has the following options:

1. reschedule the appointment so they can get a referral to our office **or**
2. sign an HMO waiver indicated that the patient forfeits their rights to submit the claim to insurance and pay in full at the time of the service.

**Fees:** Our fees are the usual and customary for this area and specialty. We invite you to discuss any questions you may have concerning our services or fees.

**Private Insurance:** Payment at the time of service is required. Our office will submit your charges to your insurance provided the above criteria are met. Our financial relationship is with you, not your insurance company. If you wish us to file your primary insurance for you we will do so. However, our billing company does not file for secondary insurance so you will still be responsible for making your co-payment at the time of service.

Although our staff may know the general guidelines about what your insurance policy might cover, you and your insurance carrier are ultimately responsible for knowing the specifics as to your particular coverage.

**Appointment Policy:** This is reserved exclusively for you. We reserve the right to charge for appointments canceled or broken without a 24 hour notice for dermatology appointments. (Cosmetic appointment cancellations must be made 5 business days ahead of time).

I understand and agree to the "payment at the time of service," policy and the above policies.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

I hereby authorize Dr. Sigler to furnish information to my insurance carrier(s) concerning any illnesses and treatment. I hereby accept responsibility for all fees, regardless of insurance coverage.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date