



SKIN CARE AND LASER  
PHYSICIANS OF BEVERLY HILLS  
GENERAL AND COSMETIC DERMATOLOGY

## **Dr Derek Jones' Financial Policy**

# *Welcome*

***Please read and sign the following statement and let us know if you have any questions. Thank you.***

**FINANCIAL POLICY – Payment is due in full at the time of service.** We accept cash, checks, Visa, MasterCard, and American Express. Office visits are \$250.00. Any additional procedures are an additional fee. UCLA Department of Pathology/Quest Diagnostic Services will bill you and/or your insurance plan directly for laboratory services rendered (blood work, cultures, biopsy specimens, etc).

**Dr Jones is considered out of network for all insurance plans.** As a courtesy we will submit insurance claims directly to any PPO insurance carrier for a reimbursement paid to you. Under no circumstances will cosmetic procedures be billed to your insurance plan. We will not submit claims to any HMO plans.

It is ***your responsibility*** to be aware of your out of network insurance benefits.

**APPOINTMENT POLICY** - If you need to reschedule or cancel an appointment, please notify us at least 48 hours in advance or you may be subject to a \$100 LATE CANCELLATION fee. This policy applies to appointments with the doctors, registered nurse, and esthetician.

**Assignment of Benefits and Authorization to Release Records** – I accept full financial responsibility for all expenses incurred. I grant authorization to release any information required to obtain payment of medical benefits.

**My signature below indicates that I have read and understand this statement in its entirety and that my questions have been adequately answered.**

---

Signature

---

Date