

**Robert M. Miller, MD, Inc.**  
**Diplomate of the American Board of Dermatology**

Thank-you for choosing Robert M. Miller, MD, Inc. We are committed to the success of your treatment. We hope you understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require you to read, agree to, and sign, prior to any treatment. This financial policy applies to all services rendered by all the doctors.

It is our policy that the patient, rather than the insurance company, is responsible for complete payment of our charges. All patients with insurance coverage are required to pay for non-covered services, any deductible amount not previously met and any co-pay amount due at the time services are rendered. For patients with dual insurance coverage, we will bill both the primary and secondary insurance if you have provided us with the necessary information.

If you are insured with a plan with which we ARE contracted with, you will need to pay for any non-covered services, any outstanding deductible and your co pay amount at the time of your visit. Failure to pay outstanding balances within 90 days of notification of amount due will result in collection proceedings.

An administrative fee of \$75.00 will be charged for any surgical procedures (which extra time is allotted) cancelled without a 24 hour notice. Because there are many emergencies in dermatology, we have many people waiting for appointments; we would appreciate a 24 hour notice of cancellation. We MAY charge \$15.00 for missed office visits.

For services outside the office, there will be a separate charge from the facility where the service was rendered. (e.g. laboratory, pathology-biopsy interpretation).

We accept all major credit cards, cash and checks. If you have any questions regarding this policy, please contact Anna Perez or Lois May.

“I have read, understand and agree to the provisions of this policy.”

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(Signature patient/guarantor)

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(Date)

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(print name)