

**FINANCIAL POLICY/INSURANCE BILLING**  
**DERMATOLOGY AND COSMETIC SURGERY CENTER, PC**

Thank you for choosing us as your health care provider. We are committed to the best of medical and surgical care and would like to you aware of the following policies.

**The Dermatology and Cosmetic Surgery Center, PC** is a state licensed ambulatory surgery center mandated by the Pennsylvania Department of Health to follow strict guidelines for licensure.

**Vujevich Dermatology Associates, PC** is a professional dermatology practice that is **separate** from the **Dermatology and Cosmetic Surgery Center, PC**. Please be advised that if you have a procedure performed in the ambulatory surgical center **AND your insurance carrier has a contract with the surgery center**, 2 (two) fees will be generated: one from the **Dermatology and Cosmetic Surgery Center, PC** and **another from Vujevich Dermatology Associates, PC**.

If you do not want a recommended procedure performed in our ambulatory surgical center, you have the option to decline. If you do elect to have your procedure done at our center, please note the following:

- Patients **must provide** the office with **accurate insurance information** at the time of their appointment.
- **Insurance benefits** are a **contract** between the **patient** and their **employer/carrier**.
- Insurance coverage varies. Refer to your insurance manual or call your insurance carrier with questions.
  - **You are responsible** for non-covered expenses such as deductibles, co-insurances, co-payments, office visits, cosmetic services, or pre-existing conditions. **If you have a deductible**, you must pay your portion for the Dermatology and Cosmetic Surgery Center, PC and Vujevich Dermatology Associates, PC.
  - We do participate with most insurance carriers. However, **if we do not participate with your carrier** or if you do not carry coverage, **you are responsible for payment at the time of service**.
  - We are required by contract to collect all co-payments, deductibles, or bills at the time of visit.

I acknowledge receipt of the following prior to my surgical procedure:

- Marion M. Vujevich has ownership in the Ambulatory Surgical Center.
- Notice of Rights and Responsibility.
- Advance Directive Procedure.

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Signature

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Date