

Charles Zugergerman M.D.

312-337-4020

OFFICE POLICIES

THANK YOU FOR CHOOSING Dr. Charles Zugergerman as your dermatologist.

Payment: Payment, co-payments and/or deductibles are due in full at the time services are rendered. Methods of payment include cash, Visa, MasterCard, Discover or personal checks. Whether services are covered or not by your insurance, you are ultimately responsible for payment. If temporary financial problems prevent timely payment of you account, we encourage you to contact our billing department promptly for assistance. If your account should go unpaid without prior payment arrangements you will be subject to referral to a collection agency and/or legal action. Cosmetic procedures must be paid for at the time of service.

Insurance Reimbursement: Dr. Zugergerman participates in, but does not accept Medicare. Medicare patients will be asked to pay at the time of service and will be directly reimbursed by Medicare after our office files appropriate forms for you. At this time we bill for Blue Cross Blue Shield PPO, Aetna and Humana. We also bill for First Health PPO, Multiplan PPO, PHCS PPO and POS, and United Health care all products. We encourage you to verify your health benefits with your insurance provider. It is your responsibility to obtain from your insurance company any required authorizations for services rendered in this office.

Missed Appointments: We ask that if you need to change or cancel an appointment time that you give us 24 hours notice by phone, as others may be able to utilize that time slot. You may be charged in full for the office visit that was cancelled or missed with less than 24 hours notice and your health insurance will not reimburse you for this charge. We have a 24 hour answering system available for your convenience if you need to cancel or re-schedule an appointment. Finally, if you are running late for an appointment please let us know as soon as possible.

Returned Checks: Returned checks will be subject to a \$30.00 service charge.

Informational Update: Please update this office with any new information such as address change, insurance change, change of business or change of phone number.

Patients Name (please print) _____, Date _____.

I (please sign) _____, have read and understand the policies of the office of Charles Zugergerman M.D., 676 North St. Clair Street, Ste. 1840, Chicago, IL 60611.