

Hyde Park Dermatology
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WELCOME TO HYDE PARK DERMATOLOGY

This form is designated to acquaint you with our Office Policies. You have the opportunity to question, at this time and prior to service, the office policies and procedures in the following areas of concerns.

****PLEASE INITIAL EACH ITEM****

____ Please refrain from eating, drinking, and talking on cell phones while in the office and especially during your appointment with the doctor.

____ Cosmetic services require a credit card number when the appointment is scheduled. Payment for cosmetic procedures is expected prior to receiving services.

____ Policy on cancellation and rescheduling: **Advance notice of 48 hours prior to appointment is required.** Failure to give 48 hours advance notice of cancellation will result in a minimum charge of \$50.00 for established patients.

____ As a courtesy to our patients, we make confirmation calls 48 hours prior to your scheduled appointment. If you receive a message for your reminder/confirmation call, you must call us back and let us know that you received it. If we do not receive this call 24 hours prior to the appointment, your scheduled appointment may be given away to another patient in need of this appointment time.

____ Co-payments and fees for service are due at the time of service.

____ Statements are billed once a month. Payment is expected 10 days after the statement date.

____ Patients are responsible to know their insurance benefits prior to first visit.

____ Please note, our relationship is with you, and not your insurance company or pharmacy.

____ It is the patient's responsibility to notify us immediately of any change in insurance company or benefit's, employer, name, address, or telephone number.

____ Diagnostic and Treatment Codes for billing will not be altered for your insurance purposes.