



HECKER DERMATOLOGY GROUP, P.A.

3500 NE 5TH AVENUE

POMPANO BEACH, FL 33064

(954) 783-2323 FAX (954) 783-2321

WWW.HECKERDERM.COM

WELCOME TO HECKER DERMATOLOGY GROUP

We are open Monday through Saturday by appointment. Call for hours.

Please take a moment to become familiar with our office policies and procedures:

- If your insurance company requires a referral or co-payment, please give it to the front desk personnel upon check-in.
- **Referrals** are the responsibility of the patient to obtain.
- **Co-pays** must be paid at each visit prior to seeing the provider.
- You must present your **insurance(s) card(s)** and **photo ID** at each visit.
- A medical records release form must be completed before any records are duplicated. A clerical fee of **\$1.00 per page** will be charged to the patient for a copy of the medical record.
- If you were told that your primary care office would fax a referral, you must call our **office 24 hours prior** to your appointment to verify that we received your referral. If we do not have your referral here at the appointment time, you will be asked to reschedule your appointment.
- There is a **3.5% processing fee** for payments made with Credit Cards. **This excludes HSA, debit, checks, or cash.**

MISSED APPOINTMENT POLICY :

Hecker Dermatology Group strives to be as flexible as possible regarding emergencies and forgetfulness when it comes to missed appointments. However, it is not our responsibility to make sure a patient keeps their appointment, but we do our best to ensure that they are reminded. We make every attempt to call patients 1-3 days prior to their appointment as a reminder.

- If a confirmed regular appointment is missed without **24-hour notice of cancellation**, a charge of **\$40.00** will be billed to the patient's account.
- A **\$60.00** charge will be billed to a patient's account for a missed surgical appointment.
- Patients cannot make future appointments unless their missed appointment fee is paid.
- Upon multiple no-shows, the patient is requested to seek dermatologic care elsewhere.

PATIENT SIGNATURE: _____