



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, P.A.**

**OFFICE HOURS 8:30am – 5:00pm MONDAY - FRIDAY**

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) 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.

**HECKER DERMATOLOGY MISSED APPOINTMENT  
POLICY**

Hecker Dermatology Group attempts 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 assure that they are reminded. We make every attempt to call patients 1-2 days prior to their appointment as a reminder.

- If a confirmed regular appointment is missed without 24-hour notice of cancellation, a charge of \$25.00 will be billed to the patients account.
- A \$50.00 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** \_\_\_\_\_