ALBUQUERQUE DERMATOLOGY ASSOCIATES & CUTANEOUS SURGERY CENTER, P.A.

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Pathology Policy

Dear Patients:

For all patients who will be having a **BIOPSY** done, there is an **ADDITIONAL** pathology fee of $208.71 to process the tissue from the biopsy in our facility. **Patients with insurance:** some insurance plans are now charging copays, coinsurance and deductibles for your pathology charges, which we will bill you after your insurance processes your claim. **For self-pay patients:** Pathology charges will be added to your bill. The front desk will give you the total charges including a minimum charge of $159.49 for your biopsy and $208.71 for the pathology with further charges for any additional procedures that are done.

Sometimes, initial review of your biopsy indicates that further, more in-depth testing will be required to reach the correct diagnosis. In this case, supplementary charges ranging from $140.00 to $1,000.00 (in rare circumstances) will be assessed. You are responsible for any charges that are not covered by your insurance company.

There has been some confusion among our patients regarding charges for pathology. We hope we have provided proper information to our patients regarding charges incurred for these services. I understand that this policy will remain in effect for all services provided until I am notified of any change by Albuquerque Dermatology Associates. If you have any questions please let us know.

Sincerely,

The physicians and staff at Albuquerque Dermatology Associates & Cutaneous Surgery Center, P.A.

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Patient Signature (or Parent's Signature if Minor) **Date**

Financial Policy

I have received Albuquerque Dermatology's Financial Policy. I understand that charges not covered by my insurance, as well as applicable co-payments and deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Albuquerque Dermatology Associates and I authorize them to release any pertinent medical information to facilitate payment of a claim. I understand that this policy will remain in effect for all services provided until I am notified of any change by Albuquerque Dermatology Associates.

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Patient Signature (or Parent's Signature if Minor) Date