

## **DERMATOLOGICAL CARE, INC.**

10012 KENNERLY ROAD, SUITE 401  
SAINT LOUIS, MISSOURI 63128  
(314) 842-5660 TEL. (314) 842-0169 FAX

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### **PATIENT BILLING POLICIES**

At each visit, we require the following:

- Valid copy of your insurance card and photo ID
- Your evaluation of the patient information we have on file

This is to ensure that we bill the correct insurance carrier for the services you receive at your visit.

If the current/correct insurance card is not presented, the patient is responsible for all charges.

### **DERMATOLOGICAL CARE IS NOT A MEDICAID PROVIDER**

#### **CO-PAYMENTS:**

Co-pays are due at the time of service. Dermatology is a specialty.

If you have dual insurance coverage we will file to both before collecting.

#### **REFERRALS:**

Patients are responsible for obtaining insurance referral from their primary care physician prior to the date of service.

If we do not have the referral by the appointment time the patient will be asked to sign a responsibility form or to reschedule.

#### **COSMETIC PROCEDURES:**

Payment in full is due at the time of service for any cosmetic procedure not covered by insurance.

#### **PATIENT STATEMENTS:**

Statements are sent to the responsible party on a monthly basis. Payment is due in full upon receipt. We accept cash- exact change as we do not keep cash in the office, check, Mastercard, Visa, American Express and Discover.

There is a \$20 fee for any returned checks.

For change of information, including address, phone number and insurance coverage please call Dermatological Care, Inc at 314-842-5660