

The Dermatologic Surgery Center of Washington, LLC
Skin Cancer Treatment Center, LLC
5530 Wisconsin Ave., Suite# 820, Chevy Chase, MD 20815
Tel : (301) 652-8081 • Fax: (301)-652-8627

FINANCIAL POLICY

I understand I am expected to pay any and all remaining balances of all treatment done by the providers of **The Dermatologic Surgery Center of Washington, LLC** and the facility fee from procedures done in **Skin Cancer Treatment Center, LLC** within 30 days of being processed by my primary health insurance carrier. I may be charged 1.5% interest per month on any unpaid balances past 30 days in accordance with Maryland State Law.

I also understand that if I fail to cancel an appointment without 24 hours advance notice, I will be charged a cancellation fee of \$40.00.

I also understand that I will be responsible for any surcharge added to the principal outstanding balance if my delinquent account is referred to an outside collection agency or attorney for collection.

I also understand that a charge of \$25.00 will be assessed for all returned checks

Patient's Name:

Date of Birth:

Patient's Signature:

