

**LALA M. STAWOWY, MD**  
DIPLOMATE, AMERICAN BOARD OF DERMATOLOGY  
AND AMERICAN SOCIETY FOR MOHS SURGERY

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Fax (210) 692-1814

711 Lehmann Dr.  
Kerrville, TX 78028  
(830) 257-5733  
Fax (830) 257-5771

**FINANCIAL POLICY**

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

All new patients must complete the patient information forms before seeing the doctor.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE.** We accept cash, checks, and MasterCard/Visa/Discover.

**INSURANCE**

We ask that you submit your own insurance claims using the itemized receipt provided to you. If your insurance company requires a special claim form, you must obtain the form from your insurance company and fill it out and submit it to them. If the patient's insurance plan requires a referral from the patient's primary care physician (PCP), it is the patient's responsibility to secure the referral.

If you have Medicare insurance your claim will be filed in your behalf as a non-assigned claim. Payment from the patient will still be collected as Medicare will be sending correspondence to the patient.

Please notify our office if your insurance has changed.

Please be aware that we are NOT a participating provider on ANY insurance policy; therefore, the patient is responsible to pay for any and all services provided. Please note that if payment arrangements are needed they can be discussed.

**Cancellations and Missed Appointments**

We request that you give our office a minimum of 24 hour notice if you need to cancel or reschedule an appointment. Failure to do so will result in a missed appointment fee, which is NOT covered by insurance. The missed appointment fees are as follows:

**Medical--\$25.00**

**Surgery/Cosmetic Procedures--\$50.00**

**Medical Records Release Fee:** In accordance with the Texas Medical Board s165.2, we will charge a \$25.00 fee for the first 20 pages of medical records, and 50 cents for each additional page.

**Returned Check Fee--\$35.00**

**Collections:** Failure to pay your balance within 90 days will result in your account being turned over to a collection agency. You will be responsible for any fees charged to us by the agency, in addition to your outstanding balance.

**I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.**

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Patient's Printed Name and Signature

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Date