

# HOUSTON DERMATOLOGY ASSOCIATES, P.A.

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## FINANCIAL POLICY FOR OUT-OF-NETWORK PATIENTS

- Your insurance card must list a network name we are on contract with or you will be deemed an “out-of-network” patient and considered “self-pay.”
- All services must be paid in full at the time of service. You will be provided a receipt to submit to your insurance company.
- Please note – many insurance companies are utilizing a “silent PPO” for their out-of-network claims. We will NOT reimburse you for any discount taken by your insurance company for any network that is not listed on your insurance card. We will NOT reimburse you for any “bundling” that your insurance company may utilize. Any questions regarding how your insurance company processed your out-of-network claim should be directed to them.
- Any payments or denials by your insurance company are strictly between you and your insurance company. We do not provide any appeals, letters of medical necessity, etc., for out-of-network claims. There will be a charge for medical records requested by your insurance company for out-of-network claims.
- Absolutely NO refunds will be given for services rendered to a “self-pay” patient for any of the above reasons.

If you require any further clarification of this policy, please ask our staff prior to being taken back to the examination room.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Patient

\_\_\_\_\_  
Witness (employee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient account number