CENTER FOR DERMATOLOGY, COSMETIC AND LASER SURGERY

2557 Mowry Avenue, Ste 34 Fremont, CA 94538 (510) 797-4111 995 Montague Expy #111 Milpitas, CA 95035 408) 957-7676

Cosmetic Dept: (510) 739-6803

Policy for the Removal of Cosmetic Skin Lesions

Because insurance companies consider the removal of skin tags, dermatosis papulosa nigra, large sebaceous glands, seborrheic keratoses and age spots, "cosmetic" they will not pay for their removal. We would be happy to accommodate patients in correcting unsightly and sometimes aggravating growths, and the fee schedule is as follows, per visit:

SKIN TAGS, up to 15 \$145.00 **SKIN TAGS, 16-25** \$50.00 (additional) SKIN TAGS, each additional 10 \$40.00 (additional) DERMATOSIS PAPULOSA NIGRA Same as above Same as above SEBACEOUS GLAND HYPERPLASIA SEBORRHEIC KERATOSES, SOLAR \$100.00 LENTIGINES, AGE SPOTS \$50.00 each for the next 3 (Non-laser removal) \$30.00 each after that MOLE REMOVAL 1st \$275.00 and up 2nd \$225.00 (includes mandatory initial microscopic 3rd or more \$200.00 each examination) \$50.00 for 1st, \$40.00 for 2nd SUBCISION FOR ACNE + OTHER SCARS \$30.00 for each additional scar. \$40.00 for 1st, \$25.00 for each additional ACNE PIT CORRECTION WITH TCA DERMAL GRAFTING FOR ACNE SCARS \$300 for test surgery Each surgery appointment: \$40 per Scar/graft plus \$40.00 equipment fee.

Example: If 10 scars are done, the charges are $$40 \times 10 = $400 + 40 equipment fee = \$440

As in all cosmetic procedures, payment with a credit card or cash at the time of procedure is required.

The purpose of this form is to help you make an informed choice about whether you want to receive these services, knowing that you will have to pay for them yourself at the time of service. Before you make a decision about your options, you should read this entire notice carefully.

- Ask us to explain, if you don't understand why your insurance won't pay
- Ask us how much these services will cost you. (See above fees listed)

	E THESE SERVICES. I AM AWARE THAT PAYMENT OF THESE AT TIME OF SERVICE.
SERVICES IS DOE	IT THRE OF SERVICE.
	PATIENT SIGNATURE
DATE	WITNESS

Your signature on this form acknowledges that you will agree to bear full financial responsibility for all services provided as listed above.

Prices subject to change: Price effective date: March 2019