CENTER FOR DERMATOLOGY, COSMETIC AND LASER SURGERY 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	I TAGS, up to 15	\$145.00
• SKIN	J TAGS, 16-25	\$50.00 (additional)
• SKIN	I TAGS, each additional 10	\$40.00 (additional)
• DERI	MATOSIS PAPULOSA NIGRA	Same as above
• SEBA	ACEOUS GLAND HYPEPLASIA	Same as above
• SEBC	DRRHEIC KERATOSES, SOLAR	\$100.00, \$50.00 for next 3,
LENT	ΓIGINES, AGE SPOTS	\$30.00 each after that
(Non	n-laser removal)	
MOL	LE REMOVAL	1 ST \$275.00 and up
		2 nd \$200.00
		3 rd or more \$ 180.00 each
•SUBCIS	SION FOR ACNE + OTHER SCARS	\$75 .00 for 1st , \$50.00 for 2nd and
		\$40.00 for each additional scar.
• DERI	MAL GRAFTING FOR ACNE SCARS	\$275.00 for test surgery
		per session: \$37.50 per scar/graft
		plus \$40 equipment fee.

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 or not 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)

I WANT TO RECEIVE THESE SERVICES. I AM AWARE THAT PAYMENT OF THESE SERVICES IS DUE AT TIME OF SERVICE.

PATIENT SIGNATURE	DATE	WITNESS
Your signature on this form acknowledges that	at you will agre	ee to bear full financial responsibility
for all services provided as listed above.		

Prices subject to change. Price effective Feb, 2019