



DENVER SKIN DOCTORS

I, (PRINT NAME) , the undersigned patient, acknowledge that I understand and agree that:

1. Denver Skin Doctors and its providers are in-network with my health insurance company: ,referred to as "Company."
2. I am covered by one of the health insurance programs offered by the Company.
3. The health plan under which I am covered includes benefits for some or all of the services provided by Denver Skin Doctors.
4. Despite the above, I do not wish Denver Skin Doctors to submit a claim to my health insurance company for services they have provided to me. **I will not be** provided with a superbill and I cannot submit to the Company for reimbursement for any services provided and paid in full. **Please initial:**
5. The self-pay amount covers only the professional services provided by my physician. I am financially responsible for all ancillary services, for example pathology laboratory services performed by Labcorp. I will receive a separate bill from the responsible party performing these services. **Please initial:**
6. Until such time as I may otherwise advise Denver Skin Doctors in writing, I elect to pay for all services I receive from Denver Skin Doctors at their self-pay rates.
7. By election to self-pay for services, any payments I make to Denver Skin Doctors will not be credited toward satisfying any deductible that I may be subject to under my health insurance plan unless otherwise permitted under the terms of my health plan. **Please initial:**
9. I have read this Election to Self-Pay for Services form and have had the opportunity to ask any questions I may have had about it. Any questions I may have had about this form have been answered to my satisfaction.
8. I have freely chosen to self-pay for services after having asked Denver Skin Doctors about payment options and having carefully considered those options.

Patient:

Date:

Legal Representative/Guardian:

Date:

Legal Representative/Guardian required for minors and individuals with disabilities requiring assistance.

Self-pay prices for most common procedures

New patient office visit	(99202-99204)	\$122-283
Follow-up patient office visit	(99212-99214)	\$96-217
Freezing of precancerous lesions, 1st lesion	(17000)	\$117
Freezing of precancerous lesions, 2nd-14th lesion	(17003)	\$11 per lesion
-15 or more lesions:		\$284
Freezing of benign growths, up to 14 lesions	(17110)	\$194
Freezing of benign growths, 15+ (up to 20)	(17111)	\$227
Shave biopsy, 1st lesion	(11102)	\$169
Shave biopsy, each additional lesion	(11103)	\$83
Punch biopsy, 1st lesion	(11104)	\$210
- each additional lesion		\$101