Metropolitan Dermatologic Surgery, P.C.

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Dear Patient,

This letter is to clarify the policies of our office and of your insurance company in regards to cosmetic and non-covered services. Non-covered and cosmetic services are those procedures and services that are deemed by the insurer to not be medically necessary. Your insurance policy specifically states that procedures which are not medically necessary are not covered. This includes removal of such things as moles, skin tags, and other benign growths which are clinically benign and non-irritated. This also includes removal of "ugly spots" and brown age-related spots.

Since these procedures are not covered by your insurance you have many options. The first is to do nothing. If, however, you wish to have a non-covered procedure for cosmetic or other reasons, you can have that procedure done in our office or by any other physician you might choose. In either case, the cost will be explained prior to the procedure being done and you will be asked to sign a disclosure statement. You may be required to make a deposit before we can schedule the procedure. However, you will be responsible for full payment on the day of the procedure.

We will not attempt to pre-authorize <u>any</u> cosmetic procedure.

It is very important that you understand your choices so that there is no misunderstanding or confusion. A copy of this letter will remain signed in our chart as proof of this understanding.

_____	_____	_____
Patient Name	Patient Signature	Date

I certify that I have read the statement above and I understand that I will be responsible to pay full charges for this procedure.

Procedure in question	Reason for non-medical necessity
Approximate cost of procedure	Patient's signature and date