

HOWSDEN DERMATOLOGY
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Financial Policy

If we are not filing insurance for your visit, you are responsible for payment in full at the time of service. We accept cash, checks, Mastercard, Visa, and Discover.

Patients covered by contracted insurance plans:

It may be necessary to perform minor procedures during your visit. **In addition to your office visit co-pay, covered procedures may be applied to your deductible and/or coinsurance.** It is up to you to understand the financial responsibilities required of you by your insurance policy.

We routinely freeze precancerous lesions and warts and biopsy suspicious lesions for pathology. Some of these CPT procedure codes are:

precancerous lesion destructions 17000, 17003
benign lesion destructions 17110, 17111
incision & drainage, (simple) 10060 or (complicated) 10061
excision/closure of skin cancers or cysts 11401 - 11606, 12031 - 13132
biopsies 11100, 11101
pathology 88305
skin tags 11200, 11201

You may wish to review these procedures with your insurance company before your visit. (This is not a complete list of procedures.)

LAB BENEFITS

Our biopsy specimens are sent to **ProPath Labs (214)-631-6721**. If your insurance plan requires you to use a different lab, it is your responsibility to inform us prior to your appointment. If you are unsure please contact your insurance company before your appointment. Otherwise, we will send your specimens to **ProPath**.

I understand and agree to the financial responsibilities listed above.

Patient/Guardian Signature: _____ Date: _____