

**I. Paul Rappaport, M.D.**  
**Aesthetic Laser & Skin Care Center**

**OFFICE POLICY**

*Thank you for choosing Dr. I. Paul Rappaport's Office & Aesthetic Laser & Skin Care Center. We look forward to serving you.*

\*If we are billing a participating insurance, you are required to bring your insurance card with you at the time of the appointment.

\*If your insurance requires a referral and/or coinsurance, you will be responsible for bringing the referral and your coinsurance at the time of service, as required by your insurance carrier. If you do not bring your required referral, in order to be seen, you will be required to sign a waiver and will be responsible for the bill, unless a referral is received within 5 business days of the office visit. Please give your primary care plenty of notice of your appointment here, so they will have your referral ready. All coinsurances are due at the time of service, in order to be seen, as noted in your insurance contract.

\*If you have Medicare or some other participating contract that requires a 20% coinsurance, you will be expected this at the time of service, as well as any outstanding deductible.

\*All non-participating insurance and self-pay patients will be responsible for their bill at the time of service. If you are not sure if we participate with your insurance, please feel free to contact our office.

\*Please note, your insurance policy may not pay for two or more totally unrelated surgical services that are provided on the same date of service or they will not pay an office visit on the same date of service as a procedure. It is for this reason that we may have to schedule an additional appointment for another day to go over the other problem(s). We are sorry for any inconvenience this may cause you, but your insurance has dictated these guidelines.

\*Our office accepts payments in the form of cash, personal checks, and all major credit card companies. If you are writing a check, we will need to have a valid driver's license or the appropriate ID presented for verification.

\*There is a return check fee of \$25.00.

\*If you are unable to keep your appointment you will need to give at least 24 hours notice, otherwise, there is a \$25.00 "No Show" fee charge. This does not apply to cosmetic procedures.

\*All cosmetic procedure cancellations require 7 business days notice, otherwise you will be charged for 50% of the procedure scheduled.

If you have any questions, please do not hesitate to contact us at (518)587-9243 or by e-mail at [alsc@nycap.rr.com](mailto:alsc@nycap.rr.com).