



## **Non-Discrimination Policy**

As a recipient of federal financial assistance, Joseph R. Terracina, MD does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability of age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Joseph R. Terracina, MD directly or through a contractor or any other entity with whom Joseph R. Terracina, MD arranges to carry out its programs and activities.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violation of the above, please contact:

Joseph R. Terracina, MD  
(662) 335-1103

## **Payment Policy**

Is it the policy of this clinic to provide our patients with the highest standard of care available in the practice of dermatology. We continue to strive to achieve these goals through state-of-the-art care for your dermatologic problems. Since your presence in our clinic is of the utmost importance, we provide many services to you to make your visit convenient. We have and will continue to file and process all insurance claims for the services rendered during your visit as a service to you not offered in many clinics. We ask that you keep us abreast of any changes in insurance companies, addresses, phone numbers, as well as other information that may have changed since your last visit. We ask this to assure efficient and speedy processing of your claims.

It is also our policy that all fees are due on the date that the services are rendered. As you may well know, patients are always responsible for meeting their deductibles as well as the portion of your bill not covered by your insurance company. We ask that you work with us concerning our policies so that we can continue to provide you with the highest quality care in the area. If you have any questions concerning these policies, please feel free to contact our clinic immediately.

I have read the above and acknowledge my full understanding of the Non-Discrimination and Payment Policies.

---

Patient/Guarantor's Signature

---

Date