

Dermatology Associates, P.A.

INSURANCE INFORMATION

If under 18, Name of person responsible for bill \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Address of responsible party \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Primary Insurance:

Name of Insurance Co: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's SS#: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Secondary Insurance:

Name of Insurance Co: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's SS#: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

I authorize the release of any medical or other information necessary to process Insurance claims. Any authorization needed for my insurance is my responsibility at time of service and I will be responsible for payment if authorization is not obtained. I also request payment of insurance government benefits to myself or the party who accepts assignment. My printed name below serves as my electronic signature.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* PLEASE SHOW INSURANCE CARDS \*\*\*\*

Please sign below after reading our Privacy Practices listed on the website or upon arrival of your appointment.

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it. My printed name below serves as my electronic signature.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any family members or patient representatives you would like to share your Protected Medical Information: Let us know if you will allow us to leave messages on your home answering machine regarding your care/pathology

Check one: Yes it is okay to leave a message No, do not leave messages

PATHOLOGY BILLING POLICY ACKNOWLEDGEMENT

I have read and understand the Pathology Billing Policy. My printed name below serves as electronic signature:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Pathology Billing Policy

During your visit at Dermatology Associates, P.A. your doctor may find a suspicious spot on your skin (e.g. abnormal-appearing mole or skin cancer) or you may have an unusual rash that needs to be identified. With your consent, a biopsy of your skin may be performed.

Under law passed in 2005 by the North Carolina General Assembly (House Bill 636), we are required to disclose to all patients the price we pay for pathology services and what we bill your insurance plan and you.

Medical billing has evolved into a complicated process. We at Dermatology Associates, P.A. aim to maintain the most accurate and transparent billing practices. At this time we purchase dermatopathology services (i.e. preparing the biopsied skin and examining it under the microscope) from Richfield Laboratory of Dermatopathology (Dr. David Barron, Dr. Colleen Embi, Dr. Terrence Katona, Dr. Susan Kindel, Dr. Ruth Kleier, Dr. Alice Roberts, Dr. Kay H. Seilstad, Dr. Alejandro Peralta Soler, Dr. Hemella L. Sweatt) in Cincinnati, a division of DermPath Diagnostics. This group was chosen due to the superb expertise and training of the physicians, all of whom specialize in skin pathology. Many local pathologists bill in excess of \$150-\$175 per specimen. If special stains are required the charges can be much higher. We purchase services from DermPath Diagnostics for \$30 per specimen (CPT code 88305). We will bill your insurance company a flat fee of \$150 per specimen in order to cover our costs and prevent you from paying a higher fee. Occasionally, the pathologist needs to perform special stains in order to ascertain the diagnosis (CPT code 88312, etc). DermPath Diagnostics charges our practice \$15.00 per extra stain. We will bill your insurance \$150 for each of these services, as delineated by Medicare reimbursement. Our billed charges are generally reduced by the insurance company. For most biopsy specimens billed, we actually receive between \$47 and \$108 in reimbursement per specimen from your insurance plan. As always, we strive to provide you with excellent medical care and services. If you have any questions about this policy, please speak with our billing representatives.