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: _____

dermatology associates P.A.

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 a unusual rash that needs to be identified. With your consent, a biopsy of your skin may be performed. Dermatology Associates will send your pathology to Richfield Laboratory of Dermpath Diagnostics. All pathologists at Dermpath Diagnostics are board certified dermatopathologists. If you have insurance they will file the pathology services with your insurance company. If your insurance deosn't pay the entire bill you will receive a bill from the lab.

If you receive a pathology bill and have questions concerning your bill you may reach them at (866) 625-3309.

If you would like to know more abut Richfield laboratory and the pathologists reading your pathology you can visit their website at www.dermpathdiagnostics.com/richfield.