

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 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.

Policy and Procedures

Scheduling Policy:

Please call our office to schedule an appointment; 910-763-1555. When scheduling an appointment, our staff will do their best to accommodate your schedule. Please understand however, there is a shortage of dermatologists, and many patients need to be seen.

Medication Refills:

It is standard of care that a patient be seen once/year in order to continue getting medication refills. We will be happy to call in medications for you as long as you maintain yearly or otherwise planned follow-up appointments.

Cancellation Policy:

Please call our office 24 hours in advance if you are unable to keep your appointment. If such notice is not given, you may incur a \$25 fee. Another patient could use your time slot if you are unable to come.

Referral Policy:

If you need a referral from your primary care doctor in order to see us or if you are being seen at our office at the request of another doctor, we need to have the referral in our office PRIOR to your appointment. Please contact the doctor's office two days before your appointment to be sure that they have sent us a consultation request. We apologize for any inconvenience this may cause, but the consultation request provides information we need to assist you with your skin problems and aids in processing your insurance claim.

Payment Policy:

Our office participates with most major insurance carriers with the exception of the **BLUE VALUE** and **Medicaid**. If you do not bring your insurance card, you may be asked to sign a waiver which states you will be responsible for payment of fees incurred during your visit. We ask that patients take care of insurance co-pays at the time of the visit. Please check your own co-pay requirements before you come. For your convenience, we accept Cash, Check, Visa and MasterCard

Self pay patients will be required to pay \$150.00 at check-in. If your visit exceeds \$150.00 you will be asked to pay the remaining balance at check-out on that same day.

Our billing department is willing to assist you with any problems that may arise. If you need to arrange a payment plan, please call our office. If you have an outstanding balance, you must pay your co-pay and establish a payment plan with our office prior to being seen again. Of course we will continue to provide you with excellent dermatology care if you should have a dermatologic emergency.

If your insurance requires you to have an authorization for your visit, it is your responsibility to get one prior to your visit. If you do not have an authorization we will have to reschedule your appointment until one is obtained.

Our choice for Pathology if you should need a biopsy:

If a biopsy is performed while you are at our office, your tissue will be submitted to Richfield Laboratory a division of DermPath Diagnostics. The pathologists at DermPath Diagnostics are board-certified dermatopathologists (specialists in looking at skin under the microscope).

Everyone at Dermatology Associates is pleased to be at your service!