

SOUTHEAST DERMATOLOGY, PA

POLICY FOR INSURANCE PARTICIPANTS

If we are filing your insurance through a contracted plan, it is YOUR RESPONSIBILITY to provide us with correct insurance information and include a current identification card and referral (if applicable), BEFORE SERVICES ARE RENDERED. Should you not have your insurance card and/or referral with you at the time of your appointment, you will be required to either pay in full for services rendered, or reschedule your appointment so that you can obtain the insurance card and/or referral.

DEDUCTIBLES AND COPAYMENTS WILL BE COLLECTED AT TIME OF SERVICE. WE WILL BILL YOUR INSURANCE FOR THE BALANCE UNDER THE PLAN PROVISIONS. WE HONOR ALL OF OUR INSURANCE CONTRACTS AND TAKE ADJUSTMENTS AS INSTRUCTED BY OUR PAYORS. AFTER YOUR INSURANCE PAYS, AND REQUIRED ADJUSTMENTS ARE APPLIED, YOU WILL RECEIVE A STATEMENT FOR ANY REMAINING BALANCE THAT IS YOUR RESPONSIBILITY PER YOUR INSURANCE PLAN. PROMPT PAYMENT IS EXPECTED AND APPRECIATED.

The majority of services rendered in this office are considered by your insurance company to be office surgery. This may result in a higher copayment, and our charges may be subject to a surgical deductible, which is payable at the time of your visit.

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By signing below, you are stating that you understand and agree to the above policy. Further, you authorize us to release any medical information needed to process any claim for services rendered.

In return for services rendered by physicians of Southeast Dermatology, PA, I hereby irrevocably assign and transfer to Southeast Dermatology, PA, all right, title, and interest in all benefits payable for health care rendered, which are provided in any and all insurance policies and health benefit plans from which my dependents or I am entitled to recover.

Signature of Patient (Parent/Guardian if under 18)

Date

Print patient's name _____