

Policies and Procedures Form

Patient _____ Date of Birth: _____

Please read the following policies and procedures of Associated Dermatologists, P.C.:

It is your responsibility to request and bring your referral from your Primary Care Physician if one is required by your insurance plan.

If your insurance policy requires a co-payment, it is due at the time of service.

Depending upon your insurance, you may have additional charges from an outside lab for pathology procedures.

If your insurance should change, you need to notify us of such changes otherwise, you may be responsible for your charges.

If we are not contracted with your 2ndary insurance or if Medicare does not forward it to your 2ndary insurance, you will be responsible for submitting such claims.

I received or reviewed on our website the Associated Dermatologists, P.C. Patient Privacy Policies per HIPAA directives.

Patient Signature _____ Date _____
(Guardian signature if patient is a minor)

For office personnel:

Patient Account Number: _____

Scanned by : _____ Date: _____