

Atlantic Shore Dermatology

Chart# _____

This office is committed to providing patients with the best possible care.

AUTHORIZATION FOR SERVICES/RELEASE OF INFORMATION

The signature below serves as authorization for services rendered by Atlantic Shore Dermatology. This form authorizes release of medical information necessary to file insurance and assigns benefits. It gives us authorization to release medical information for the purpose of patient referral, treatment of and/or including treatment of worker's compensation injuries. A copy of the signature is as valid as the original.

NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided with Atlantic Shore Dermatology's Notice of Privacy Practices.

PAYMENT POLICIES

Atlantic Shore Dermatology will bill most insurance companies. Your insurance coverage is a contract between you and your insurance company. All services are billed with your insurance carrier providing you furnish all pertinent information to our office. Insurance copays, unpaid balances, and payment for non-covered procedures are expected when services are rendered. We accept cash, personal checks, VISA, MasterCard, American Express, and Discover. You will receive a bill for some pathology services and lab work from outside of Atlantic Shore Dermatology. (THESE PROVIDERS MAY NOT PARTICIPATE WITH YOUR INSURANCE COMPANY.)

I have read the above **Payment Policy** and understand that even with insurance coverage, including worker's compensation, if charges are denied, then I am financially responsible for my charges incurred. **If no payment has been received after 60 days from the date of service, necessary collection procedures will begin.**

If I am a private pay or Medicaid patient:

I understand that the providers at Atlantic Shore Dermatology are not participating with Medicaid. I am being accepted as a private pay patient and I will be responsible for paying for all services rendered. The provider will not file a claim to Medicaid for services provided to me.

RETURNS AND ENCHANGES

Due to health regulations, Atlantic Shore Dermatology cannot accept any opened skin care products. We will gladly refund/exchange any unopened skin care products within 30 days of receipt of purchase. Sorry for any inconvenience this may cause. If you have any questions regarding this policy, please feel free to contact the office.

By signing this form, I acknowledge that I have read and understand all of the above and agree to Atlantic Shore Dermatology's policies and practices.

Print Name: _____ **Signature:** _____ **Date:** _____
(Patient) (Patient/Guardian)

Please request copy, if needed for your records