

PATIENT FINANCIAL RESPONSIBILITY-IMPORTANT-PLEASE READ CAREFULLY:

I acknowledge and agree that I am ultimately responsible for the costs of all professional medical services rendered by Fort Wayne Dermatology Consultants, Inc., its physicians and employees (collectively "FWDC"). I certify that the information provided below is true and correct to the best of my knowledge and I will notify FWDC of any changes in my health status, insurance coverage, or address.

I further acknowledge and agree that I am ultimately responsible for all professional medical services provided by FWDC to me, my minor child or other dependent. I acknowledge and agree that I am responsible to pay all fees and professional medical services provided by FWDC unless FWDC has a written agreement with my insurance plan which provides that FWDC will accept an agreed upon fee for services.

I further acknowledge and agree that even if my insurance plan does not pay for every professional medical service that is provided by FWDC that I will be ultimately responsible for the costs of those professional medical services. Even if my insurance plan denies payment for these professional medical services because the insurance plan does not consider them medically necessary, I still will be responsible to FWDC for all costs incurred. I further agree and acknowledge that all professional medical services and procedures that I receive from FWDC have been requested by the undersigned with the full knowledge that my insurance plan may not cover all of the expense for those medical services. I also acknowledge that should I fail to pay any balance due in a timely manner and my account is sent to collections, any collection fees will be my responsibility to pay.

As a patient of Fort Wayne Dermatology Consultants, Inc., it is the responsibility of the patient to know what is covered by his/her insurance. If a patient does not provide accurate insurance information, they may be held responsible for covering the cost of their medical bills. Healthcare providers rely on the insurance information provided by patients to process claims and receive payment from insurance companies. If the information is incorrect or incomplete, the insurance claim may be denied, leaving the patient liable for the full amount of the bill. To avoid this situation, it's important for patients to provide up-to-date and accurate insurance details and promptly notify healthcare providers of any changes.

To better serve you, we may send out tissue to another lab for diagnosis, additional stains, and/or second opinion. All cultures (bacterial, viral, fungal, etc.) are sent to an outside lab for processing and diagnosis. Some services require the use of independent contractors. You will receive a statement from that facility in these instances. By signing below, you are stating you have been informed and are responsible for the payment of the above services.

We do our best to get accurate charges at the time of service. However, during our coding audit if we find charges that were inadvertently left off your bill, these charges will be sent to your insurance and/or billed out.



INSURANCE AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS:

I hereby authorize Fort Wayne Dermatology Consultants, Inc. to furnish information to my insurance carrier concerning my illness and/or treatment. I may at any time revoke this authorization, and it will remain valid until I revoke it.

FOR MEDICARE PATIENTS ONLY- STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS AND PATIENTS:

I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished me by Fort Wayne Dermatology Consultants, Inc., including physician services. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and its agents, any information needed to determine these benefits or benefits for related services.

RESCHEDULING AND MISSED APPOINTMENTS:

Recognizing that everyone's time is valuable and appointment time is limited, we do ask that you provide 24 hours' notice if you are unable to keep your appointments. Patients who no show or provide less than 24 hours' notice twice may be subject to termination from the practice. To see our complete No Show Policy, please visit our website.

EXAM ROOM RESTRICTIONS:

In order to maintain a safe environment for patients and employees, and to minimize distractions, it is the policy of Fort Wayne Dermatology Consultants, Inc. that cell phone use in the exam room is not permitted. This includes taking photographs and/or videos before, during or after a procedure. We also reserve the right to restrict the number of people accompanying the patient in the exam room for the same reasons.

Signature: _____

Date: _____