



Name: \_\_\_\_\_

Chart Number: \_\_\_\_\_

## **Bluegrass Dermatology Policy Consent Form**

The following is a review of our office policies. Please review and sign below. Some policies may not pertain to your treatment today, but may for future treatments.

- Payment options (**For procedures not covered by insurance or balance dues**): CASH, CHECK, VISA, MASTERCARD, CARE CREDIT VISA, DEBIT CARDS, MONEY ORDERS, and CASHIERS CHECKS.
- Payment plans can be arranged with CareCredit Visa by GE Moneybank. All balances due that do not get paid within the first 30 days are subject to finances which will accrue interest monthly. Please ask for details. You can apply for CareCredit in our office today.
- The patient is responsible for all insurance deductibles, co-pays and services subject to plan limitation, and exclusions.
- The patient is responsible for all balances due with all out of network insurance companies( and calling to verify if BGD is in or out of network). Bluegrass Dermatology recommends that any patient with an out of network provider file a separate claim for full reimbursement.
- All Cosmetic and Private Pay visits fees are due at time of service.
- There is a \$25 fee assessed if you fail to cancel or reschedule an appointment at least 24 hours prior.
- Treatment fees are estimates only and could be altered if your treatment plan needs to be changed. The patient would be notified of any change(s) in treatment.
- Minors under the age of 18 will receive medical care and/or treatment with a parent, legal guardian or an authorized accompanying adult only. Minors under 18, who are not accompanied, will not be seen.
- Cosmetic removal of benign lesion(s) such as skin tags, age spots, and normal moles is **NOT** covered by medical insurance plans and are considered cosmetic in nature and an out of pocket expense is expected for the patient at the time of service. The cosmetic procedure is in addition to any co-payment/co-insurance that you may owe at the time of services rendered.
- We use the following labs...  
**Dermatopathology Reference Laboratory**  
**Dermatopathology Consultants, P.S.C**  
**Advanced Dermatology, P.S.C**  
**Quest Diagnostics**  
**University of Kentucky Hospital**

\*\*\*It is your responsibility to let us know if your insurance company requires that we send your labs to a specific pathologist in order for you to receive full benefits.

**Many of the above procedures require a review of your allergy history. Please be advised, if you will need a procedure, you may be required to list any medication, anesthesia, and latex allergies that you have.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Patient or Legal Guardian