



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 / procedures.

- **PRESCRIPTION REFILL POLICY:** Our physicians prescribe their patients sufficient refills to last until their next follow-up appointment; therefore, we are unable to refill prescriptions by telephone. If you would like refills of any medications prescribed by one of our physicians, please ask the physician you are seeing today during your exam.
- **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.**
- **Network Providers:** It is your responsibility to know if your physician is considered "In-network" by your insurance. Please call your insurance to verify and contact our Business Office, if there are any questions regarding network eligibility. Some insurance companies change their policy administrator and this can be difficult to identify from your insurance card. We encourage you to confirm your In-network status with our office each time you receive a new copy of your insurance card.
- **The patient is responsible for all balances due with all out-of-network insurance companies.** 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 or you no-show the appointment.** Some cosmetic procedures that have a longer appointment time with the provider, may incur a higher cancellation/no show fee.
- **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 considered a cosmetic procedure. **Bluegrass Dermatology does not bill insurance companies for cosmetic procedures.**
  - I am responsible for the full cost of the procedure.
  - No coded receipt will be provided for this service unless you have a cosmetic rider on your insurance policy.
  - **Bluegrass Dermatology does not bill insurance companies for cosmetic procedures, since the physician would not receive any payment from the carrier for services rendered.**
  - I understand that this fee includes only this procedure (This procedure is in addition to any co-payment / co-insurance that you may owe at the time of services rendered. All additional office evaluations will be charged to your insurance.)
- **All surgical pathology and other lab specimens are submitted to outside laboratories for processing and analysis, which may represent an additional fee that you may be charged outside of our office.**
  - I understand that I may receive a separate bill from the laboratory that processes my specimen.
  - We use the following labs: Dermatopathology Reference Laboratory (DAK); Advanced Dermatology, P.S.C; LabCorp; Lexington Clinic; DermatoPathology Alliance of Kentucky; Quest Diagnostics; ProPath Laboratories; and 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