

**DERMAASSOCIATES**  
**PATIENT RESPONSIBILITY STATEMENT**

**HEALTHCARE REGISTRATION**

- \* Arrive 10 minutes prior to your appointment time to complete appropriate paperwork. If the physician's schedule is extremely behind, you may request to re-schedule your appointment at no charge.
- \* Update information regarding current legal name, address, telephone number and employer as applicable.
- \* Verify your insurance coverage by providing current insurance cards. Provide complete new insurance information if there are changes.
- \* Pay current copay amounts and any outstanding balances payable to the physician.
- \* If you cannot provide current insurance information:
  - you will be required to pay in full for that day's office visit OR
  - your office visit may be re-scheduled.
- \* It is your responsibility to know the coverage and requirements of your health plan regarding office visits, diagnostic testing, physician referrals and other preventative services.
- \* There could be a charge for broken or missed appointments without a 24 hour notice.
- \* There will be a charge for the following:
  - copies of medical records for any non-physician recipient
  - returned checks

**HEALTHCARE INFORMATION**

- \* Provide to nursing a list of all current medications including: prescriptions, non-prescriptions, herbal remedies, vitamins and communicate healthcare concerns.
- \* Comply with suggested treatment plans from your physician. Any suggested treatment plan denied by the patient will be acknowledged by the patient and physician in the medical record.

I, \_\_\_\_\_, have read the above patient responsibility statement, received a copy and agree to the terms stated.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_