

PATIENT INFORMATION:

Name: _____ Home #: (____) _____ - _____

Address: _____ Cell #: (____) _____ - _____

City: _____ State: _____ Zip: _____ E-mail: _____@_____

DOB: ____/____/____ Age: _____ Sex: M / F

Married? Y / N Spouse Name: _____

SSN: ____/____/____ Driver's License #: _____

Occupation: _____ Work #: (____) _____ - _____

Employer: _____ City: _____

NEXT OF KIN/FRIEND NOT LIVING WITH YOU:

Name: _____ Relationship: _____ Phone #: (____) _____ - _____

IF PATIENT IS A MINOR, PLEASE COMPLETE:

Name of Parent/Guardian: _____ Phone #: (____) _____ - _____

Employer: _____ Work #: (____) _____ - _____

DID A PHYSICIAN REFER YOU?

Physician Name: _____ Tel #: (____) _____ - _____

Address: _____ City: _____ State: _____

IF NOT, HOW DID YOU HEAR ABOUT US?

Friend/Family Saw our sign Insurance Book Google Frisco Style

AT&T Collin County Yellow Pages Verizon Collin County Yellow Pages

Verizon Denton County Yellow Pages 380 Guide 380 News Our Website

Other: _____

INSURANCE/PAYMENT INFORMATION (if not self):

Insured Person's Name: _____ Relationship: _____

DOB: ____/____/____

Summary of Office Policies

NOTICE REGARDING PAYMENTS/INSURANCE CLAIMS:

If we are filing insurance for your visit, we must have complete information and any required referral at the time of visit. If you cannot provide the information, we will be unable to file your insurance and payment in full will be required on the day the service is provided.

The exact payment amount cannot be determined with complete accuracy until the claim is submitted to your insurance company. Your payment will be based on your individual health plan, deductible and/or coinsurance. Procedures and evaluations, which are excluded from coverage including cosmetic procedures (benign mole removal, skin tag removal, cosmetic procedures, etc) and cosmetic evaluations, based on your plan's determination of medical necessity, will also be your responsibility. Your office co-pay is due at the time of the visit and, in most cases, covers only the office visit charge. Any procedures performed will be considered surgery by your insurance company, and deductibles and coinsurance usually apply. If we can determine with reasonable certainty that your insurance company is likely to leave a balance for you to pay (ie. apply it to a deductible), payment will be required on the day of service. For all other patients, payment in full is required at the time of service.

Standard office policy requires that you must present your drivers' license (or ID), insurance card (if applicable) and a credit/debit card for verification and for our records.

No Shows

Dermatology Consultants of Frisco defines "no-shows" as any patient who fails to attend his or her appointment or any patient who cancels less than 2 business days in advance. Last minute cancellations (<2 business days) hamper our ability to fill the slot and make other patients wait longer to see a provider. If a patient "no-shows," Dermatology Consultants of Frisco reserves the right to require a deposit to hold any future appointments. This deposit will be forfeited if the ensuing appointment is not attended or if rescheduling/cancellation occurs less than 2 business days in advance. No exceptions. Otherwise, the deposit can be applied to co-pays and other services.

Minors

Dermatology Consultants of Frisco requires minors (<18) to be accompanied by their legal guardian. Dermatology Consultants of Frisco reserves the right to cancel or reschedule the visit if this criterion is not met in the exclusive opinion of the practice. On occasion and by advance request only, a legal guardian may sign our "Minor Consent Release Form." If this form is signed, a minor who is an established patient may return for care without a guardian, if allowed by state law; however, the legal guardian takes full responsibility for any decisions the minor makes without the guardian present.

Payments and Past-Due Amounts

Payment is due on the date of service. If Dermatology Consultants of Frisco can determine your estimated deductible and estimated fees, payment for services applied to the deductible may be required on the date of service. Dermatology Consultants of Frisco reserves the right to amend the estimated fees if a contracted insurance company advises us to do so. Any additional payment not collected during your visit is required on receipt of your 1st bill from Dermatology Consultants of Frisco. Balances that are outstanding for >30 days will automatically incur a **\$10** administration fee. Dermatology Consultants of Frisco reserves the right to turn over to collections any balance outstanding for over 60 days. If an account is turned over to a collections agency, an additional administration fee of **\$30** will be added. This document may supercede any previously signed office policy at DCF.

I have read the above information and agree to abide by the policies set forth above and I understand that I am responsible for payment of services I receive. I understand that I cannot be seen at Dermatology Consultants of Frisco if I do not sign this document. I agree to pay any remaining balance within 30 days of receiving my 1st statement.

Patient/Guardian Signature: _____ Date: _____