

CONSENT FORM

DR. ALAN D. ANDREWS, DERMATOLOGIST

FOR ALL PATIENTS

PLEASE READ AND SIGN AT THE BOTTOM:

If your insurance plan requires referrals, it is your responsibility to have that referral with you at the time of your visit, or to make sure it has been sent to us in advance. You cannot assume that a referral from a previous visit remains valid for your next visit – always check with our office first, either when you make your next appointment or before coming in for that appointment. IF YOU DO NOT HAVE A VALID REFERRAL FORM AT THE TIME OF YOUR VISIT AND YOU STILL WISH TO SEE THE DOCTOR, YOU MUST UNDERSTAND THAT YOU WILL BE FULLY RESPONSIBLE FOR ANY AND ALL FEES ASSOCIATED WITH THAT VISIT.

If you fail to present proper, current insurance information to our office at the time of your visit, YOU MUST UNDERSTAND THAT YOU WILL BE FULLY RESPONSIBLE FOR ANY AND ALL FEES ASSOCIATED WITH THAT VISIT.

If, after completion of an initial consultation, the doctor determines that a procedure (such as a biopsy, destruction, or removal of a skin growth) is medically indicated, it will be scheduled for a subsequent visit. However, if your insurance plan requires it (and most do) you may have to request, either from your primary care doctor, and/or, from your insurance company itself, an additional authorization for coverage of the specific procedure. Our office will help you determine the extent of this requirement at the time of your consultation. Any procedure which you authorize us to perform without the appropriate insurance company precertification will be done with the understanding that you, the patient, or patient's guardian, are fully responsible for payment. For certain procedures, such as the excision of benign cysts, the removal of inflamed tags or inflamed seborrheic keratoses, acne surgery, the repair of torn earlobes and others, insurance is uncertain and varies according to your plan. It is your understanding and your agreement to pay the associated fees if your insurance plan later denies payment up to two years after the procedure date.

Your insurance company may require copies of your medical records before they will pay claims for some or all services. Your signature below indicates your understanding and agreement to allow us to submit copies of any or all of your medical records to your insurance company at their request.

A parent or adult guardian MUST accompany any patient who is 17 years or younger, unless advance arrangements have been discussed with the doctor beforehand.

COSMETIC OR NOT MEDICALLY NECESSARY

It should be understood that while there is some variability in which treatments that the different insurance plans consider to be “cosmetic” or “not medically necessary”, there are no plans, to our knowledge, which pay for the removal of uninflamed, asymptomatic skin tags, milia, cherry angiomas, or seborrheic keratoses. While we are happy to provide such treatments, at your request, you will be expected to pay for such services at the time of treatment, and no insurance claims will be submitted for these services.

Patient Name (printed)

Signature of patient or patient's guardian

Date