



ADVANCED DERMATOLOGY BEL AIR

ADVANCED DERMATOLOGY HUNT VALLEY

ADVANCED DERMATOLOGY TOWSON

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O'DEA MEDICAL ARTS BLDG.
7505 OSLER DRIVE, STE. 308
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410-472-0901 • FAX 410-372-3910

PATIENT NAME: _____

MRN: _____

OFFICE POLICIES

ASSIGNMENT OF BENEFITS: I hereby authorize the physicians and staff of Englert Dermatology d/b/a Advanced Dermatology Bel Air, Advanced Dermatology Hunt Valley and Advanced Dermatology Towson to render treatment to me or my dependents. I further authorize Englert Dermatology d/b/a Advanced Dermatology Bel Air, Advanced Dermatology Hunt Valley and Advanced Dermatology Towson to release my personal health information for purposes of treatment, payment or operations by phone, mail or fax. I assign and authorize payment of medical or surgical benefits directly to Englert Dermatology d/b/a Advanced Dermatology Bel Air, Advanced Dermatology Hunt Valley and Advanced Dermatology Towson. I understand that any unpaid balances or non-covered balances will be my responsibility. I also understand that I will be charged a \$10 collections fee should my account be referred to a collections company; and a \$35 returned check fee for any and all returned checks. We accept cash, checks, MasterCard, Visa, American Express and Discover as forms of payment.

***Initial**

BIOPSY RESULTS: All patients return for **skin biopsy** results. This is a billed visit, and co-pays are collected if your insurance requires a co-pay. Biopsy reports are complex and we must correlate the lesion biopsied with the report. We want to make certain that the biopsy site heals properly and that the pathology report matches what we actually see. During this visit we will discuss the findings with you in person and go over a plan of treatment for you. For these reasons, it is our policy that skin biopsy results will not be given over the phone.

SKIN TAGS: Skin tags are considered “cosmetic” and therefore are not a covered service by the insurance company. There will be a fee associated with the removal of skin tags. It is at the provider’s sole discretion to determine if the skin tag can be submitted to the insurance company for any medical reasons.

COPAYS: Copays are due at the time of service.

By my signature, I acknowledge that I have read and understand the above-referenced information. If the patient is a minor, the responsible party is to sign below.

Signature of Patient or Responsible Party

Date