



NOTICE TO PATIENT

Your insurance plan requires you to obtain a referral prior to your visit. Referrals are due PRIOR to the delivery of service. If you do not have the required referral at the time of your visit, you have the following options:

1. You can reschedule your appointment and obtain the referral from your primary care physician.

OR

2. You can be seen today as a self pay patient, acknowledging that the services will be delivered outside of your insurance coverage.

By signing this agreement you acknowledge that you have been given the option to reschedule, but you have chosen to be seen for service outside of your insurance coverage. North Baltimore Dermatology and Advanced Dermatology Bel Air will not bill your insurance company for the services provided today.

I, _____ have been notified of my options for service and have decided to be seen without my referral, and agree to be seen as a self pay patient for services provided today,

_____.

Patient

Signature: _____ Date: _____