



NOTICE OF INFORMATION

PATHOLOGY: When biopsies or excisions are performed in the office, it takes up to 2 weeks to receive the results from the pathology lab. WE WILL ALWAYS EMAIL YOU THE RESULTS THAT ARE NORMAL OR BENIGN. If your pathology or lab results are abnormal, we will call you. As notified in our Financial Policy, outside pathology charges may be incurred when biopsies or other excisions are performed. By signing this form you understand the policy and give us permission to call and/or email you with results for laboratory and pathology. IF YOU DO NOT ACCEPT EMAILS CHECK HERE.

REMINDER CALLS/RECALLS: Our system is set up to text and email you reminders of your upcoming appointments or when it is time to schedule an appointment. IF you do not have a cell phone or email, then you will receive a phone call. It is your responsibility to notify the office at least 24 hours if you need to cancel an appointment. See the Financial Policy for more information on this.

RELEASE OF INFORMATION: I give permission to disclose/discuss all of my medical information with the following person(s):

Table with 3 columns: Name, DOB, Relationship. Two rows of empty fields for entry.

OPTIONS FOR PAYMENT: We accept cash, check, and most credit cards. You can determine which method of payment you would like us to keep on file.

CREDIT CARD ON FILE: All patients with marketplace and/or commercial insurance with coinsurance or deductibles will be required to keep a credit card on file. This innovative system prevents errors in determining your out of pocket responsibility. Your card information is stored securely and we will NEVER charge your card more than what you owe or without your knowledge. We will bill your insurance company first and allow them to calculate your responsibility. At that time we will send you and email to inform you of the charge, and will debit your card on file unless we hear from you. If you have questions or concerns regarding this policy, please ask to speak to a manager. If you are unable or unwilling to leave a credit card on file, we will collect your estimated charges in full at the time of your visit and send you a bill or refund for any amounts owed or due to you after insurance processes your claim. Any time your account becomes delinquent, a 25.00 service charge will be placed on the account and the account will be sent to a collection agency.

SIGNATURE: By signing below, you acknowledge you have read and understand these disclosures as well as the Financial Policy/Privacy Notice/Acceptance of Liability Waiver that was provided to you on your first visit. If you need to review the Policy, or if for any reason you need further explanation, please see the receptionist. This consent will remain in effect unless otherwise revoked in writing.

Signature of Patient or Legal Guardian

Date

Patient Date of Birth

Patient or Authorized Guardian Electronic Signature Consent

By checking this box, I understand my electronic signature is valid and legally equivalent to manually/handwritten signing.