Bluegrass Dermatology Office Policies Consent Form

Patient Name: _____ Birth Date: _____ Chart Number: _____

The following is a review of our office policies. Please review and sign below.

PAYMENT RESPONSIBILITY: The patient is responsible for all insurance deductibles, co-pays and coinsurance on the day of service (subject to plan limitation, and exclusions).

PAYMENT OPTIONS: We accept CASH, CHECK, VISA, DISCOVER, AMERICAN EXPRESS, MASTERCARD, CARECREDIT, MONEY ORDERS, and CASHIERS CHECKS. You can apply for CareCredit in our office today. All balances that are not paid within the first 30 days are subject to being transferred to an outside collection agency.

INSURANCE POLICIES THAT REQUIRE A REFERRAL FROM THE PCP: Some insurance plans require a referral from the patient's primary care provider (PCP). The PCP will need to initiate the referral by contacting the insurance company. It is the patient's responsibility to make sure this has been done prior to each appointment date. Otherwise, the patient is responsible for ALL charges.

NETWORK PROVIDERS: It is your responsibility to know if your physician is considered "in network" with your insurance policy. Some insurance companies change their policy administrator. We encourage you to confirm in network status with our office each time you receive a new copy of your insurance card or contact your insurance company.

MEDICAID NON-PARTICIPATION POLICY: Our physicians are not participating Medicaid providers and Medicaid does not cover services provided by our physicians. Similarly, Medicaid does not cover items or services ordered by our physicians such as, but not limited to, prescription medications, lab work, outside pathology services, diagnostic testing, etc***. Medicaid recipients are responsible for payment of services provided and/or ordered by our physicians***.

COSMETIC AND SELF-PAY SERVICES: Cosmetic removal of benign lesion(s) such as skin tags, age spots, and normal moles is considered a cosmetic procedure. Bluegrass Dermatology does not bill insurance companies for cosmetic procedures. The patient is responsible for the full cost of the procedure. ***All cosmetic and self- pay visits are due at check in on the date of service***.

TREATMENT FEES: Treatment fees are estimates only and could be altered if your treatment plan needs to be changed. The patient would be notified of any change(s) in treatment.

CANCELLATION FEE: There is a $25 fee assessed if you fail to cancel or reschedule an appointment at least 24 hours prior to your appointment or if you no-show the appointment.

TREATMENT OF MINORS: Minors under the age of 18 will receive medical care and/or treatment with a parent, legal guardian or an authorized accompanying adult only. Minors under 18, who are not accompanied, will not be seen.

PRESCRIPTION REFILL POLICY: Our physicians prescribe their patients sufficient refills to last until their next follow-up appointment; therefore, we are unable to refill prescriptions by telephone. Patients should contact their Pharmacy if refills are needed prior to their next follow-up appointment.

CONTROLLED SUBSTANCES: Bluegrass Dermatology occasionally will need to prescribe a controlled substance for patient's physical complaints/ pain, as part of their medical treatment. Because of Kentucky's prescription drug law, we will submit patient information to obtain a report (Kentucky All Schedule Prescription Electronic Reporting (eKASPER) prior to prescribing any controlled substances to a patient.

LABORATORY FACILITIES: All surgical pathology and other lab specimens are submitted to outside laboratories for processing and analysis. The patient may receive a separate bill from the laboratory that processes and tests specimens. It is the patient's responsibility to let us know if your insurance company requires that we send your labs to a specific pathologist in order for you to receive full benefits.

PATIENT Signature (or Parent/Guardian or POA): _____ Date: _____