

Welcome to Spartanburg Dermatology & Skin Surgery Clinic, P.C. We are pleased that you have chosen us for your dermatological needs. Our goal is to provide you with the best medical care possible in an efficient and cost-effective manner.

Please complete the enclosed Patient Information Sheet and Patient Medical History forms prior to your appointment and **bring them with you** on the day of your appointment. Your appointment is on _____, _____ at _____ a.m./p.m. with Dr. _____ I.

PLEASE ARRIVE 10-15 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT TIME. If you arrive for your first visit or any future visits more than 15 minutes past your scheduled appointment time, your appointment will need to be rescheduled. This policy prevents disruptions in the schedule of the physicians and long waiting times for subsequently scheduled patients.

Our office participates with Medicare and most insurance companies. We do not accept new Medicaid patients. Every insurance plan is different and we have no way of knowing how your particular policy will cover services that we may render. With that in mind, prior to your visit, please verify that our physicians are participating providers in your insurance network, what type of services are covered under your policy, and what services require pre-certification. **IF YOUR POLICY REQUIRES AN AUTHORIZATION FOR YOUR VISIT TO A SPECIALIST FROM YOUR PRIMARY CARE PHYSICIAN (PCP), PLEASE OBTAIN THE AUTHORIZATION AND BRING IT WITH YOU ON THE DAY OF YOUR APPOINTMENT. SOME MEDICARE ADVANTAGE PLANS AND MEDICAID PLANS NOW REQUIRE AUTHORIZATION FOR REFERRAL TO SPECIALISTS FROM YOUR PRIMARY CARE PHYSICIAN (PCP).** If you do not bring the required authorization and our staff is unable to obtain authorization from your PCP within 15 minutes after your arrival, your appointment will need to be rescheduled. This policy prevents disruptions in the schedule of the physician and long waiting times for subsequently scheduled patients.

Please bring your insurance card (or a clear front and back copy of it) to your appointment. If you do not have your insurance card, it will be necessary for us to collect payment in full at the time of service. We will then supply you with the forms necessary to file your insurance claim. It is our policy to collect all applicable co-payments, co-insurance and deductibles at the time of service. If you are not familiar with what your portion of financial responsibility is, please contact your insurance company. Most plans require the patient to pay some portion of the bill. If you have met your annual deductible, please bring your most recent Explanation of Benefits with you so you don't overpay when checking out. Our office accepts checks, cash, Visa, Mastercard and Discover.

If you have any questions or concerns regarding the above information, please call our office prior to your appointment. Our office locations and directions are on the reverse side of this sheet. We are looking forward to seeing you!