

# Delmarva Dermatology <sup>LLC</sup>

DMVDERM.COM

PATIENT NAME: \_\_\_\_\_

MRN: \_\_\_\_\_

## **OFFICE POLICIES**

**ASSIGNMENT OF BENEFITS:** I hereby authorize the physicians and staff of Delmarva Dermatology, LLC, to render treatment to me or my dependents. I further authorize Delmarva Dermatology to release my personal health information for purposes of treatment, payment or operations by phone, mail, fax, or electronically. I assign and authorize payment of medical or surgical benefits directly to Delmarva Dermatology, LLC. I understand that any unpaid balances or non-covered balances will be my responsibility. I also understand that I will be charged 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.

### **Medical Photographs**

I understand that photographs may be taken of my body and/or skin condition for inclusion in my medical record.

**SKIN TAGS:** Most health insurance plans consider the removal of Skin Tags to be a cosmetic procedure and therefore not a covered service. There will be a fee associated with the removal of skin tags due at the time of service. It is at the provider's sole discretion to determine if a skin tag removal can be submitted to the insurance company for 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.

\_\_\_\_\_

\_\_\_\_\_

Signature of Patient or Responsible Party (if patient is a minor)

Date

*Jennifer Z. Cooper, M.D., FAAD, FAMCS*

Taggart Professional Center • 32895 Coastal Highway • #102 A • Bethany Beach, DE 19930  
302-402-3015 Fax- 302-402-5942

