

# INTEGRATED DERMATOLOGY

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## OF TIDEWATER

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### **PATIENT FINANCIAL RESPONSIBILITY FORM**

*Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. Therefore, we urge you, as the patient, to check with your insurance company regarding your coverage. It is your responsibility to know your individual coverage. Failure to comply could result in you, the patient, being responsible for all costs incurred. Please remember, your insurance coverage is between you and your insurance company, not the doctor's office and your insurance company.*

*To assist you in finding out what coverage you have, feel free to ask for assistance in obtaining contact information for your insurance company. Many insurance companies require referrals from the patient's primary care provider for all specialty appointments. If your insurance company requires such a referral, it is your responsibility to obtain and provide the referral to our office prior to being seen. Failure to do so may result in you having to reschedule your appointment and/or accept full responsibility for payment. In addition, all insurance companies require you to see physicians that participate with said company. Please call your insurance company to verify we are a participating provider for your insurance company and to learn more about your coverage.*

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*Patient Name Printed*

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*Patient Signature*

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*Date*