DERMATOLOGY
CONSULTANTS OF GLOUCESTER

Timothy Gardner, MD Emma Weber, DMSc, MPAM, PA-C Alonna Harris, DNP, FNP-BC

6790 Wood Ridge Dr.
Gloucester VA 23061
P: 804-693-6527 F: 804-693-6615

PATIENT FINANCIAL RESPONSIBILTY 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 policy is between you and your insurance company, not between your doctor and your insurance company.

To assist you in finding out what coverage you have, feel free to ask for assistance in finding phone numbers or addresses of your insurance company. Many insurance companies today need referral forms from a primary care physician or group. If your insurance coverage meets this requirement it will be your responsibility to furnish this referral at the time of service. Failure to do so may require you to reschedule your appointment and/or accept full responsibility for payment. Some insurances state you cannot go out of network. Many companies have instituted a mandatory second opinion program, and these are changing day by day. We cannot keep up with the changes and are often unaware of them until it is too late.

Please call you insurance company and learn about your coverage, it may save a lot of confusion in the long run. Thank you.

This consent was signed by: _____
Printed name- Patient or Representative

X_____ ___/___/__
Signature Date

Relationship to Patient
(if other than patient) _____