



## Assignment of Insurance Benefits and Policies of Dermatology of New Mexico, LLC

**Assignment of Insurance Benefits:** I request that payment of authorized benefits be made on my behalf to Dermatology of New Mexico, LLC for any services furnished. I understand that I am financially responsible for any balance. I authorize Dermatology of New Mexico to file an appeal on my behalf for any denial of payment and/or adverse benefit determination related to services and care provided. If my insurance carrier and its agents will not direct payment to Dermatology of New Mexico, I agree to forward to Dermatology of New Mexico all health insurance payments, which I receive for the services rendered. I authorize Dermatology of New Mexico to release to the insurance carrier and its agents any medical information needed to process claims. I acknowledge that this authorization will be valid for all subsequent visits unless cancelled in writing by me or an authorized agent.

I designate Dermatology of New Mexico as an authorized representative to act on my behalf in regard to claims submitted to any employee health plan or other source of Third-Party Coverage for Services rendered by Dermatology of New Mexico. This designation includes, but is not limited to, initial determinations, requests for documents, requests for additional information and appeals.

### Laboratory and Pathology Services

Please note: any outgoing pathology not read in the office will be submitted to TriCore Laboratories unless otherwise specified by the patient. I understand that any laboratory charges for pathology or laboratory services cannot be predetermined by Dermatology of New Mexico and are billed separately by the laboratory to the patient's insurance.

**Notice of Privacy Practices:** I have read or been offered a copy of Dermatology of New Mexico's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I authorize the release of my medical information necessary to provide care and to bill on my behalf. I understand I am entitled to a copy of the Notice of Privacy Practices. I authorize photos of myself related to my medical history be stored in my medical record.

**Payment Policy:** Payment is due at the time of service, including copays and any prior balance due. I understand I am responsible for all charges for services rendered on my behalf, or on behalf of my dependents, less any amount paid by insurance to Dermatology of New Mexico.

**Consent for Communication:** I understand Dermatology of New Mexico may send appointment reminders and information on services via telephone, email and/or text message based on the contact information I have provided. I understand that I will have the option to opt out of future text/email reminders.

**Patient Rights:** I have read or been offered a copy of Dermatology of New Mexico Patient Rights.

**Missed, No Show or Cancelled Appointment Policy:** As a courtesy to other patients waiting to be seen by Dermatology of New Mexico we have the following policy on missed appointments. We require a 24-hour cancellation notice if you are not able to keep your regularly scheduled clinic appointment. If you do not cancel prior to this time you will be charged \$100.00 for new patient appointments and \$50.00 for any established patient appointments. We require a 48-hour cancellation notice if you are not able to keep your surgical, cosmetic or specially reserved appointments. If you do not cancel prior to this time, you will be charged \$100.00. We require 48-hour cancellation notice for any esthetic services. If you do not cancel prior to this time, you will be charged \$50.00.

We appreciate your understanding of this policy as missed appointments prevent other patients from seeing our providers in a timely fashion.

**Late Arrival Policy:**

1) For the first visit to Dermatology of New Mexico, we suggest patients arrive 30 -45 minutes before their appointment to complete the registration paperwork.

2) On Follow up visits, patients should arrive 15 minutes before their appointment.

3) Surgical patients should arrive 30 minutes prior to their appointment.

If you are more than 15 minutes late from your appointment you may have to reschedule your appointment. If you are running late please notify the clinic so we may advise you appropriately.

**Authorizations:** I authorize medical treatment of the person named below and agree to pay all fees and charges for such treatment. I understand that medical treatment may include a review of medical history, discussion of reason for visit and medical photographs of the area being discussed. I authorize Dermatology of New Mexico to disclose complete information concerning medical findings and treatment of the undersigned, to those individuals who, in Dermatology of New Mexico's determination, are required to receive such information for the purpose of medical treatment, medical quality assurance, peer review, and if applicable to process the insurance claim for services rendered at Dermatology of New Mexico, LLC.

Thank you,

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Patient name

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Date

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Patient Signature

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Guardian Name

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Date

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Guardian Signature