PINNACLE DERMATOLOGY
medical | surgical | cosmetic

A Division of Prime Medical Group, PLLC

Patient Name (PRINT)	**Date of Birth**

Welcome! Please authorize and acknowledge our office policies, privacy practices, and HIPAA form.

- **Identification:** We obtain a copy of a valid State ID and insurance card from each patient. This information is obtained for verification purposes. If the patient is a minor, a parent or legal guardian's ID will be obtained.
- **Insurance:** Charges will be filed at the patient's request. Copay, coinsurance, and any deductible not met are due at the time of service. If you have questions about your coverage, it is your responsibility to contact your insurance company before your appointment. You are financially responsible for any charges not covered by your insurance. We collect at the time of service based upon the information we obtain from your insurance company.
- **Lab and Pathology:** Labs will be billed separately by Quest Diagnostics or LabCorp. Pathology will be billed by PRIME MEDICAL GROUP. It may be necessary for us to send your pathology specimen to an outside lab, and a separate bill will be sent to you.
- **Referrals:** If your insurance provider requires a referral, it is ultimately the patient’s responsibility to obtain the referral from their primary care physician. Please call ahead to ensure we have your referral to avoid delays or having to reschedule your appointment.
- **Uninsured Patients:** Payment in full is expected at the time of service. A Good Faith Estimate will be sent to you before your appointment.
- **Non-Covered Charges:** All non-covered charges not payable by your insurance company are the patient’s responsibility and due at the time of service.
- **Cosmetic Procedures, Services, and Products:** Can not be filed with your health insurance and are payable in full when services are rendered. All sales are final, non-transferable to another person, and not eligible for trade or exchange. Pre-purchased products and services expire one year from the date of purchase unless otherwise noted.
- **Returned Checks:** There will be a $30.00 charge for all returned checks.
- **Late-Cancellation & Missed Appointment Policy:** We value your time and the time of our providers. The following policy applies:
  - **24-Hour Notice Required:** Appointments must be canceled or rescheduled at least 24 hours before the scheduled appointment time.
  - **Missed Appointment Fees:** If you miss your appointment or fail to provide a 24-hour notice, a non-refundable fee will be charged to your account: $75 for standard office visits and $150 for surgical procedures, filler appointments, and aesthetician (Lauren) appointments. These fees are not covered by insurance and are the patient’s responsibility.
  - **Late Arrival:** Patients who arrive after their scheduled appointment time may be required to reschedule. If the appointment is rescheduled due to late arrival, the missed appointment fee will apply.
  - **Credit Card on File:** After the first missed or late-canceled appointment, a valid credit card must be kept on file to schedule future appointments. The card on file will be automatically charged the morning following any missed or late-canceled appointment.
  - **Discharge from Practice:** After multiple missed or late-canceled appointments within a 12-month period, the patient may be formally discharged from the practice.
- **AI Software Assistance:** As part of our commitment to high-quality and efficient care, our practice may use secure artificial intelligence (AI) software to assist with documentation of your medical visit. These tools are used under the supervision of your healthcare provider and are designed to ensure accurate and timely medical records. Your information remains confidential and protected under HIPAA regulations.
- **Credit Cards on File (CCOF) and Appointments Requiring CCOF:** We offer the option to securely store your credit card in your EMR chart. Only the last four numbers are visible to us. The CCOF can be used to pay balances you are responsible for after insurance claims have been settled and to pay cosmetic charges. Appointments that require a CCOF include virtual telehealth, hair loss, self-pay, cosmetic appointments, and any appointment being rescheduled after a missed or late-canceled visit.
- **Changes in my Health Insurance or Health Status:** I agree to notify the clinic of any changes.
- **Notice of Privacy Practices – Acknowledgement of Receipt: By signing below**, I acknowledge I have been provided with the opportunity to review and obtain a written copy of the Pinnacle Dermatology, Prime Medical Group Notice of Privacy Practices. The Notice describes how your health information may be used or disclosed. The Notice may be changed, and you may obtain a revised copy at any time.
- **Authorization to Release Information to Family Members and Friends:** You have the right to identify family, friends, or others to receive medical or payment information about you. Under the requirements for H.I.P.A.A. we are not allowed to give this information to anyone without the patient’s consent.

If you are signing on behalf of the patient, please fill out the following information:

Name ______________________________ Relationship to the Patient _______________ Phone Number ___________________

Address ____ ☐Same as Patient

If applicable, please furnish a copy of conservatorship/guardianship papers prior to the appointment.

By signing below, I confirm that I have read, authorize, and agree to the information above.

Signature of Patient/Parent/Legal Guardian ____ Date ___________________