

HARTSOUGH DERMATOLOGY

BOARD CERTIFIED DERMATOLOGIST

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WELCOME

Welcome to Hartsough Dermatology.

In order for our staff to better serve you, we have incorporated a checklist to assist you and make your first appointment go as smoothly as possible.

Enclosed is a "release of records" form. If you have treated for your skin problems, it would be helpful to have your records copied and sent to our office in advance of your visit so that we have past treatments and test results to review. This would also prevent duplication of services. Please ask your previous physician to forward these records by mail or fax to us in time for your appointment.

Please be sure to bring your insurance card(s) with you. This will allow us to bill your insurance company for you. Without current insurance information, payment will be expected at the time of your appointment. Co-payments are to be paid at the time of service. Please be prepared to make this payment when you come. MasterCard, Visa and Discover are accepted.

It is your responsibility to contact your insurance company regarding coverage for your visit. They will be able to tell you if Dr. Hartsough is covered under your plan, the amount of coverage and any limitations of coverage they may have. Some insurance companies require receipt of an "APPROVED REFERRAL" from your primary care physician prior to your visit. Without this "approved referral" you may incur expenses which you are unaware or unwilling to incur.

Please complete all of the included forms and make sure to bring them with you on the day of your visit.

- PLEASE arrive 15 minutes prior to your scheduled appointment

Patient Checklist

Remember to please bring the following on the day of your visit.

- Your current insurance cards - so that we may make a copy for your chart
- A list of your current medications & dosages or please bring all current pill bottles to your appointment
- A photo ID, i.e., driver's license or State ID
- Your medical records; from any physician that has treated you for dermatological problems.
- Completed, signed and dated - Patient Registration Form, Release for Confidential Health Information, and an Agreement & Authorization Form.
- Completed and signed physician referral, if necessary.

If you have any questions prior to your visit with us, please feel free to call.

Should it become necessary to cancel your appointment, please call our office within 24 hours prior to your appointment time. Failure to do so could result in \$87.00 no show fee. We will gladly assist you at rescheduling your appointment.

We look forward to assisting you with your dermatological needs.