

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

**DERMATOLOGY  
SPECIALISTS OF**  
CANTON | BRIGHTON | SHELBY

Dermatology Specialists Canton 285 North  
Lilley Road | Canton, MI 48187  
Ph: (734) 495-1506

### **Patient Financial Responsibility**

Thank you for choosing Dermatology Specialists Canton as your provider for dermatology care. We strive to provide the most efficient and patient-friendly skin care to all our patients. In an effort to provide the best care, it is important that you read the financial responsibility form below.

-Please inform the front office staff if your insurance plan has changed (active/inactive), if you have received a new insurance card, or if you do not have insurance currently.

-Copayments and past due balances are due following your visit for that day. **If you do not have insurance or a referral, you will be responsible for the full charged amount of your visit.**

-There are certain fees associated with requesting copies of medical records. Please ask the office staff to clarify the cost of a medical record request.

-Medicare insurance patients will be given an Advanced Beneficiary Notice (ABN) form if a service is not covered by our office. It is your responsibility to sign the ABN for that particular service.

-Cash, personal check, debit, and credit cards (Visa, MasterCard, American Express, and Discover) are acceptable forms of payment.

**CONSENT TO EXAMINATION AND TREATMENT:** I understand and voluntarily consent to receive medical and health care services given by Hamzavi Dermatology. I understand the examination procedures will be explained to me and I authorize the administration of all diagnostic and therapeutic procedures, examinations and treatments considered advisable or necessary in the judgment of the physician. I understand that the examination results will be provided to me with recommendations. No guarantee or assurance has been given by anyone as to the results that may be obtained by such treatments. The responsibility for any follow up examinations to check abnormalities found and treated, lies with me and not with Hamzavi Dermatology. I hereby release my examiner from all responsibility in connection with the examination. I understand that in order for the doctor to give me the best medical care possible, I must follow instructions and notify the office if I have problems with my medications or treatment.

**CANCELLED OR MISSED APPOINTMENTS:** We are happy to reschedule any appointment for you. We do request Twenty-four (24) hour notice of cancellation. It is our aim to accommodate you the patient. We have patients eager to use your cancelled appointment time. We reserve the right to charge a cancellation fee of fifty dollars (\$50) for appointments not cancelled 24 hours in advance. We hope you, our valued patient, will cooperate in this simple request.

**FOR PROCEDURE APPOINTMENTS:** We require 48 hour notice for procedure appointments if you need to reschedule or cancel. These appointments include but are not limited to: complete skin examinations, biopsies, excisions, and cosmetic procedures. For procedure appointments we reserve the right to charge a cancellation fee of one hundred dollars (\$100) for appointments not cancelled 48 hours in advance. We hope you, our valued patient, will cooperate in this simple request.

**FOR MOHS PROCEDURE APPOINTMENTS:** We require 24 hour notice for Mohs procedure appointments if you need to cancel or reschedule your appointment. For Mohs procedure appointments not cancelled 24 hours in advance, you may be charged up to One Hundred Fifty dollars (\$150) fee.

### **A copy of the HIPAA policies and procedures is available through:**

-Asking a staff member for a copy

-Reading a copy, placed throughout the office

-Visiting the website: [www.hamzaviderm.com](http://www.hamzaviderm.com). Once in the website, click locations, HIPAA document.

-There are certain fees associated with requesting copies of medical records. Please ask the office staff to clarify the cost of a medical record request.

*You will be asked to sign a copy of this agreement during your visit to Dermatology Specialists Canton.*