mid-atlantic
skin surgery institute
SOUTHERN MARYLAND DERMATOLOGY

Verghese & Ling, MD PA

Patient Information Form (Please print clearly/**ALL sections must completed**)

First Name: _____ Middle Initial: _____ Last Name: _____

DOB: _____ SSN: _____-_____-_____ (If over 18) Marital Status: _____

Phone (Home):_____ (Work): _____ (Cell):_____

Preferred method of contact: (Please Circle one) Home/ Cell/ Work (Ok to leave voicemail? (Yes / No) Sex: Male/ Female_____

Mailing address: _____ City: _____

State: _____ Zip Code: _____ Email address: _____

Primary Care Physician: _____ **Phone:** _____

Parent or guardian Information (If patient is under 18). Please check which parent/ guardian is guarantor if more than 1 listed.

☐ Name: _____ DOB: _____ Phone: _____ SSN: _____-_____-_____

☐ Name: _____ DOB: _____ Phone: _____ SSN: _____-_____-_____

Insurance Information:

1. Name of primary insurance company: _____

Policy # _____ Group# _____

Are you the policy Holder: Yes/ No **If No policyholder's name:** _____

DOB: _____ Relationship to patient: _____ Copay: (If not listed on card) _____

2. Name of secondary insurance company: _____

Policy # _____ Group# _____

Are you the policy Holder: Yes/ No **If No policyholder's name:** _____

DOB: _____ Relationship to patient: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

The following person/s listed below are authorized to access and discuss my medical information:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

HOW DID YOU HEAR ABOUT OUR PRACTICE? _____

St. Patrick's Centre 173 St. Patrick's Drive Suite 201 | Waldorf, MD 20603 | 301-396-3401
Shanti Medical Center 26840 Point Lookout Road | Leonardtown, MD 20650 | 301-475-8091
Wildewood 23415 Three Notch Road Suite 2052 | California, MD 20619 | 240-237-8268

Info@MidAtlanticSkin.com

mid-atlantic
skin surgery institute
SOUTHERN MARYLAND DERMATOLOGY

Verghese & Ling, MD PA

MEDICAL SKIN CARE **COSMETIC PROCEDURES** **SKIN CANCER TREATMENTS**

FINANCIAL POLICIES

It is the policy of Mid-Atlantic Skin to provide all patients with a copy of the Practice's financial policy that clearly outlines patients and practice financial responsibilities. This financial policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for services.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we are contracted or have out of network benefits, payment in full is required at each visit (this excludes any patients enrolled in a community plan MCO)

Some insurance companies will require referrals or pre-authorization. We will gladly assist you in meeting these requirements when requested, however, the responsibility is yours to ensure that any such requirements are complete prior to treatment. If it is required, and not completed, you may need to reschedule your appointment.

You will need to pay your portion of the visit within 90 days once your insurance company pays their portion. After 90 days and once your insurance company pays their portion, and if you have a remaining patient balance, 5% interest will be charged.

2. Co-payments and outstanding balances. All co-payments and deductibles must be paid at the time of service.

3. Noncovered services. Please understand that some, and perhaps all, of the services you receive may not be covered by my insurance or not considered reasonable or necessary. Cosmetic procedures are not covered by insurance.

4. Updates. Our staff will ask you for ID to verify your billing information at each and every visit. Current information is essential in order for us to contact you regarding your treatment and for obtaining timely payment from your insurance company.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply in a timely manner with their request. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim.

CareCredit

Financing Available. Let us know if you are interested.

St. Patrick's Centre 173 St. Patrick's Drive Suite 201 | Waldorf, MD 20603 | 301-396-3401
Shanti Medical Center 26840 Point Lookout Road | Leonardtown, MD 20650 | 301-475-8091
Wildewood 23415 Three Notch Road Suite 2052 | California, MD 20619 | 240-237-8268

Info@MidAtlanticSkin.com

mid-atlantic
skin surgery institute
SOUTHERN MARYLAND DERMATOLOGY

Verghese & Ling, MD PA

MEDICAL SKIN CARE COSMETIC PROCEDURES SKIN CANCER TREATMENTS

6. Coverage changes. If your insurance changes, please notify us as soon as possible so we can make the appropriate changes to help you receive your maximum benefits.

7. Patient who are minors. All patients under age 18 must be accompanied by a parent or legal guardian. If a parent or legal guardian are not present, the responsible party must present a minor authorization form to be scanned into the patient's chart during the check in process. A guarantor must be on file for all patients under the age of 18. The guarantor is responsible for all services rendered to the patient.

8. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise pre-arranged. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, and you may be discharged from this practice. If this occurs, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will be able to treat you on an emergency basis only. A $25.00 processing fee will be added to your account if it becomes necessary for Mid-Atlantic to refer your unpaid balance to an outside collection agency.

9. Missed appointments. You may be charged $25.00 fee for a missed appointment if you do not notify us at least 48 hours prior to your scheduled appointment time. Help us to serve you better by keeping your regularly scheduled appointment.

10. Payment Options. Payment for services can be made with cash, check (if the amount is under $100), credit or debit card. Financing option through Care Credit-a wellness and beauty credit card- is available for patients that are cardholders or are interested in applying to be one. Our staff will be happy to assist you with the application process and, if approved, the fund could be available to you immediately after.
You will be charged a $30.00 processing fee for any personal check returned for nonpayment.

11. CCOF Mid-Atlantic Skin Credit Card on File Policy requires all patients to have a valid credit card on file. Credit cards are stored securely in a Payment Card Industry (PCI) compliant payment gateway. By signing this document, you authorize Mid-Atlantic Skin to automatically charge you card for any outstanding balance with Mid-Atlantic Skin. Prior to charging my credit card, Mid-Atlantic Skin will send me an invoice with details about my balance. I understand that the credit card on file will be charged. I understand my credit card on file can be changed at any time upon my request.

COMMUNICATION *I hereby consent and state my preference to have my physician and other staff at Mid-Atlantic Skin to communicate with me by email or standard SMS messaging regarding various aspects of my medical care, which may include, but shall not be limited to appointments, and billing.*

CareCredit

Financing Available. Let us know if you are interested.

St. Patrick's Centre 173 St. Patrick's Drive Suite 201 | Waldorf, MD 20603 | 301-396-3401
Shanti Medical Center 26840 Point Lookout Road | Leonardtown, MD 20650 | 301-475-8091
Wildewood 23415 Three Notch Road Suite 2052 | California, MD 20619 | 240-237-8268

Info@MidAtlanticSkin.com

mid-atlantic
skin surgery institute
SOUTHERN MARYLAND DERMATOLOGY

Verghese & Ling, MD PA

MEDICAL SKIN CARE **COSMETIC PROCEDURES** **SKIN CANCER TREATMENTS**

By signing this form, you authorize MidAtlantic Skin to release the necessary information in order to complete and process your insurance claims.

I have read and understand the payment policy and agree to abide by its guidelines:

_____ _____

Signature of Patient or Responsible Party if a Minor Date

_____ _____

Print Name Relationship to Patient

CareCredit

Financing Available. Let us know if you are interested.

St. Patrick's Centre 173 St. Patrick's Drive Suite 201 | Waldorf, MD 20603 | 301-396-3401
Shanti Medical Center 26840 Point Lookout Road | Leonardtown, MD 20650 | 301-475-8091
Wildewood 23415 Three Notch Road Suite 2052 | California, MD 20619 | 240-237-8268

Info@MidAtlanticSkin.com