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Thank you for choosing Encore Dermatology for your health care needs. Please allow us to clarify some often asked questions and to educate you on your responsibility as a patient and our responsibility to protect your personal health information.

- We are required to protect the confidentiality of your Personal Health Information (PHI). If you are not aware of what this covers, or would like a complete copy of our policy to take with you, please let the front desk person know and a copy will be provided to you.
- If you have an HMO or PPO insurance policy your co-payment is expected at the time of your visit.
- If you have an HMO policy you must have a referral from your primary care physician prior to seeing the doctor. If you do not have a referral you may see the doctor at your expense. Payment will be expected at the time of your visit.
- We are not responsible for any mis-communication about your insurance coverage. We cannot be expected to know your coverage as this varies from plan to plan.
- Some insurance companies do not pay for Kenalog (steroid) injections. If the doctor feels the need for you to receive an injection and your insurance company does not cover this service, payment will be your responsibility. The cost of the injection will be \$25.00.
- Some insurance companies consider lesion removal (i.e. skin tags, benign moles, etc.) cosmetic and do not pay for these services. If you decide to have the procedure done, be aware that you will be responsible for payment regardless of insurance determination. The cost would be in the range of \$50.00 to \$250.00 each. There may also be Pathology costs as well. Please discuss this with the nurse or office manager before making your decision. **WE WILL NOT APPEAL YOUR INSURANCE COMPANY'S DECISION.** We will provide you information to appeal at your request.
- Many insurance companies are now contracting with certain labs. It is impossible for us to keep up with these restrictions. Please be aware of what lab (for blood work or lesion removal) you need. We are not responsible for charges you incur from non-network labs. We will not do third party billing for you.
- We apologize for any inconvenience these policies may present to you, but there are so many different insurance companies with so many different policies that it has become impossible to be familiar with every one. You have one insurance company to deal with; we have a multitude.

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I have read the above information and understand my responsibilities as a patient. I have chosen to sign the waiver below and understand what that signature means.

- I understand I will be responsible for the cost of procedures considered cosmetic by my insurance company. This could also include lab bills.
- I understand I will be responsible for the cost of any Kenalog (steroid) injection I receive that my insurance company denies.
- I understand I will be responsible for any lab charges incurred at a non-network facility.
- I understand I will be responsible for the cost of my visit if I have an HMO insurance policy and did not obtain a referral from my primary care physician.

X

Signature

Date

I UNDERSTAND THE PRIVACY POLICIES OF THE OFFICE AND HAVE CHOSEN NOT TO READ OR RECEIVE A COMPLETE COPY OF THE OFFICE PRIVACY POLICY.

X

Signature

Date

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