

Dear Patient:

We are pleased to welcome you to our dermatology practice. Our goal is to offer you quality care. We participate in most of the health plans and HMO's in the area, and therefore would like you to be aware of the following:

Each insurance company has varying rules regarding covered or uncovered services, which laboratories can be used for surgical specimens, number of referrals and procedures when referrals are not obtained. We would therefore ask you to read the following statements carefully and sign at the bottom, acknowledging that you agree to these provisions:

1. The patient has the obligation to obtain the referral for services from the primary care physician, when needed.
2. This office is not equipped to check on availability of validity of referrals and therefore, this responsibility is borne solely by the patient.
3. We use four different laboratories for surgical specimens – METROWEST MEDICAL CENTER PATHOLOGY LABORATORY, DERMDX NEW ENGLAND, MIRACA LIFE SCIENCES, and MGH DERMATOPATHOLOGY ASSOCIATES. If any of these laboratories are not covered by your insurance plan, please let us know. In the absence of your informing us of this fact, you will be responsible for all laboratory charges incurred by you if surgical procedures are performed.
4. *Some surgical procedures are considered cosmetic and are not paid by insurance.* We are in no position to determine which of the procedures are considered cosmetic and there again it is the responsibility of the patient to know if their insurance will not pay. If such uncovered procedures are performed, payment responsibility will be borne by the patient.

**I acknowledge that I have read the above and agree that if any services are rejected by my insurance, I will be responsible for payment.**

---

Signature of Patient or Personal Representative

Date