



Welcome To Our Office - Please Complete the Following Patient Registration Information

Last Name: _____ First: _____ M.I.: _____

Date of Birth _____ / _____ / _____ Gender: M F Preferred Language _____

As required by Medicare: **Race:** White African American Asian Native American Other **Ethnicity:** Hispanic Latino Neither Refuse to Report

Marital Status (circle): Single Married Domestic Partner Divorced Widowed

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Occupation _____ Employer _____

I was referred by _____

Primary Care Physician Name & Phone Number _____

Pharmacy Name _____ Location _____ Phone Number _____

To respect your privacy, please list only phone numbers where we may call AND leave messages:

Home _____ Work _____ Cell _____

Emergency Contact _____ Relationship _____ Phone Number _____

Do you give permission to discuss your confidential medical information with a family member or other person? **YES NO**

(If YES, please provide information below and phone number where message can be left.)

Name _____ Phone number _____ Relationship _____

An insurance card will be required at each visit if you would like us to bill your participating insurance plan(s).

***IF YOU ARE NOT THE RESPONSIBLE PARTY (i.e., you are insured under the plan of a spouse/parent) please list guarantor information below:**

Relationship to Patient:

Last Name _____ First _____ M.I. _____ Parent Spouse Other

Date of Birth _____ / _____ / _____ Telephone number(s) Home _____ Cell: _____

Mailing Address _____

City _____ State _____ Zip Code _____

The above is true and correct to the best of my knowledge: *(If under age 18, signature of parent or guardian)*

Signature _____ Date _____



Financial Policies and Consents

We make every effort to provide the finest dermatologic care and appreciate your assistance in facilitating payment to ensure we can continue to do so. Payment is due in full at the time of service, including co-payments, co-insurance and unmet deductible portions when applicable. Our billing service (Dermatology Billing Associates) will submit a claim to your insurance company and should a balance be due, they will issue a bill.

Please note: Your health insurance coverage is a contract between you and your insurance company - ultimately you are fully responsible for all fees charged regardless of your insurance coverage. It is your responsibility to be aware of any restrictions, limitations and requirements of your policy, including whether or not any 'out-of-network' restrictions apply. Although a service may be 'covered' by your insurance plan, depending on any deductible, co-payment or co-insurance due, you may be responsible for all or part of the 'covered' amount.

Financial policies:

- If we are unable to confirm your insurance coverage a deposit or payment in full may be required at the time of service.
- Patients requiring a referral are responsible for obtaining referrals prior to the appointment. We cannot do this for you. If there is no referral at the time of your appointment, you may have to reschedule your appointment or be responsible for full payment.
- Biopsy and surgical specimens are sent to an outside lab – the lab will bill your insurance separately for their services.
- Missed appointments or those cancelled with less than 24 hours notice may be assessed a \$75 cancellation fee.
- Checks returned by your bank are subject to a \$35 processing fee.
- Any unpaid balances 90 days past due will be sent to a collection agency – all fees associated with the collection process (including the collection agency's commission) will be added to the total balance due.
- We are participating providers with MEDICARE and accept assignment on all medically necessary claims. Our billing service will submit claims to both Medicare and secondary/supplemental carriers. Medicare patients are responsible for meeting their annual deductible and paying the 20% co-payment.
- We do NOT participate in MEDICAID plans. By signing below, you agree that you DO NOT have any type of Medicaid insurance and that if you should obtain any such insurance in the future you will inform our office in writing. If you have any Medicaid insurance and do not provide accurate information regarding this, you will be fully responsible for any balance due.

Consents:

1. **Financial Policies:** I hereby certify that I have read, understand and agree to abide by the above financial policies. I authorize direct payment of insurance benefits to John K. Wildemore, M.D., LLC for services rendered.
2. **Medical Treatment & Photographs:** I consent to examination, performance of tests & procedures and medical photographs during the course of my care in the practice of John K. Wildemore, M.D., LLC, by the medical provider and/or his or her assistants.
3. **Release of Medical Information:** I authorize John K. Wildemore, M.D., LLC to furnish my primary care physician, referring physician, and any other medical professionals involved in my care with any health information necessary regarding my physical/mental condition and/or any treatments/conditions associated with my care. I also authorize the release of medical information as necessary to my insurance company and associated institutions/agencies for payment of benefits.
4. **Receipt of HIPAA Notice of Privacy Practices:** I have had the opportunity to review a copy of this practice's HIPAA Notice of Privacy Practices and all of my questions have been answered to my satisfaction. By signing below, I consent to the use and disclosure of my protected health information for treatment, payment and health care operations. I understand that the terms of the Notice may change, and if they do, a revised copy may be obtained by contacting the office. I understand I have the right to revoke this consent in writing. However, such a revocation shall not affect any disclosures that have already been made in reliance on my prior consent.

My signature below indicates that I have read, understand, agree to and consent to all of the above statements. My authorization shall remain in force until revoked in writing by the undersigned.

Patient Signature (or parent/guardian if patient under 18) _____ Date _____

Credit Card On File Authorization

To make managing payments easier for both our patients and staff, we have implemented a credit card on file system. Modernizing Medicine, our PCI compliant credit card processing vendor & medical record system will store your card information on a secure and encrypted site. Once your insurance has paid their portion, any remaining balance due will be charged to the card on file and a receipt will be emailed to you. A valid credit card, debit card, HSA or FSA card will be accepted.

Cards on File will be used for:

- **Copays** – When you come into the office, we will ask you if you want to use your card on file to pay your copay for that day’s visit. You may also choose to present another card or any other form of payment accepted.
- **Deductibles & Co-insurance** – Your card on file will be utilized to settle any deductible or co-insurance amount due after your insurance plan has paid their portion and notified our billing service of your balance due.
- **Telehealth appointments** – As these appointments are not conducted in the office, the card on file will be used for any applicable copay and/or deductible/co-insurance fees as stipulated by your insurance.
- **Pre-payment/Deposit** – In the event of a larger surgical procedure you may be asked to provide a deposit in the amount of your anticipated balance due. In this case you may request us to use your card on file or you may provide another form of payment accepted by our office as well.
- **Outstanding Balances** – If your account were to have an outstanding balance, your card on file will be used to pay for the balance due.
- **Non-covered services** – If your insurance refuses payment due to not having a valid referral or other reasons for in-eligibility, your card on file will be used to pay for the balance due.
- **Missed appointment fees & returned check fees** – As specified in our financial policy, in the event of returned check, a missed appointment or an appointment canceled with less than 24 hour’s notice, a fee may apply and the card on file will be used to pay this fee.
- *The card on file will not be used for any cosmetic or product purchases **unless** you instruct us to do so.*

By signing this form:

- I authorize John K. Wildemore, MD, LLC to securely store my credit/debit/HAS/FSA card information as detailed above and to automatically charge this card in connection with any of the terms noted above.
- I understand that I will not be provided any further notice before my card is charged.
- I understand that I will be responsible for any remaining amount due if my card cannot be charged for any reason.
- If the original card provided changes, expires, or is denied, I agree to immediately provide a new, valid card that will replace the previous card on file for future transactions and the same Card on File policies will apply.
- I agree that this authorization remains in effect unless cancelled in writing with 30-day notice sent to: John K. Wildemore, MD, LLC. 744 W. Lancaster Ave., Suite 230. Wayne, PA 19087 with the account in good standing.
- I certify that I am the authorized user of the credit card with **LAST 4 DIGITS** [_____] and agree that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.

Signature _____

Printed name _____

Date _____

This form is available on our website and at our office. For more information, please see the *Frequently Asked Questions* form.

Credit Card On File - Frequently Asked Questions:

- **How does this work?**
 - At check-in, we will ask you to sign a “Card on File Authorization.”
 - At the time of your office visit, your credit, debit or HSA/FSA card is securely stored by our medical record system/credit card processing service (Modernizing Medicine) where it is encrypted and cannot be viewed or accessed by our staff.
 - Following your office visit, our billing service submits charges to your insurance company for services associated with your visit. Once your insurance has determined your financial responsibility, in the event there is a remaining balance due, the card on file will then be charged this amount and you will receive an emailed receipt.
 - If the payment is declined, we will request an updated card or an alternative form of payment.
- **What if I do not have a credit card?**
 - A valid credit card, debit card, health savings account (HSA) card or flexible spending account (FSA) card will be accepted.
- **What if I do not want to participate?**
 - In this event, for new patients with an unmet deductible or co-insurance, we will also accept a deposit of \$150 that would be applied to any balance due. Once your insurance claim is processed, any credit balance that remains would be refunded to you.
- **What about identity theft and privacy?**
 - Your card on file is considered protected health information under HIPPA. Modernizing Medicine, our PCI compliant credit card processing vendor & medical record system will store your information on a secure and encrypted site, which will enable bank card transactions to be processed without having access to your card information. Only the last 4 digits of your card will show in our system.
- **What if I need to dispute my bill?**
 - We and our billing service want the billing process to be accurate. You will only be charged the amount specified by your insurance plan in the EOB they send you and our billing service. Should you have any concerns regarding billing, our billing service will answer any questions you may have. Your ability to dispute a charge or question your insurance remains unchanged. In the event the billing service or your insurance company makes an error, you will be refunded.
- **Why this policy?**
 - As you may be aware, many insurance plans require deductibles, coinsurance and/or copays in amounts that are unknown to you or us at the time of your visit. Nothing is changing about how much you pay. The goal is to provide patients with a convenient process to ensure their balances are paid in a timely manner.
- **When will my card be charged?**
 - No funds will be ‘held’ on your card. Your card will only be charged once the billing process is completed. Most insurance companies take 2-4 weeks to respond once a claim is submitted. Once the insurance explanation of benefits is received by our billing service (your insurance company should provide you with a similar explanation of benefits as well), if there is any balance due your card will then be charged. Some insurances require a claim to be resubmitted which may delay this process.
- **How will I know how much I am going to be charged ?**
 - You will receive an explanation of benefits from your insurance company that explains how much of your office visit they pay for and if there is any amount you owe. Our billing service will email you a receipt in the event your card is used for payment.