

CENTER FOR SURGICAL DERMATOLOGY (CSD)

& DERMATOLOGY ASSOCIATES (DA)

(PLEASE PRINT)

Patient's Name: _____ Prefer to be called: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary #: _____ Home/Cell

Secondary #: _____ Home/Cell E-mail: _____

Date of Birth: _____ (May we send you information via e-mail regarding cosmetic specials?) Yes No

Social Security: _____

Emergency Contact: _____ Emergency Contact #: _____

Race: African American American Indian Asian Caucasian Hispanic

Marital Status: Married Single Widow/Widower Divorced

Sex: Male Female Gender Neutral

Primary Care Physician: _____ Pharmacy: _____

HIPAA

I have: received declined the Privacy Notice and, I understand my rights as a patient with regard to privacy of health care information.

Can CSD/DA call with results and leave a message? Yes No

Home Phone: _____ Cell Phone: _____

Is there anyone **else** we may speak to regarding your medical information by phone or in person? Yes No

If you answered **YES**, please print persons' name, relationship to you and phone number.

PRINTED NAME RELATIONSHIP TO YOU PHONE NUMBER

PRINTED NAME RELATIONSHIP TO YOU PHONE NUMBER

It may be necessary to better treat your disease to review your medical records, path report and pathology slides. Do you authorize CSD/DA to obtain any necessary medical records, pathology report and slides? Yes No

Patient Signature (or Guardian): _____ Date: _____

*This authorization is valid unless otherwise revoked.



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CHRISTOPHER WEBBER, PA-C

DERMATOLOGY ASSOCIATES (DA) BILLING POLICY

Dear Patient:

We are committed to providing you with the best possible care. With health care policy changing so rapidly, we do not have the ability to know the specifics of your health insurance coverage and benefits. We wish to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

1. Your insurance is a contract between you and the insurance company. We are not a party to that contract.
2. We are contracted with many insurance companies and if you have a question regarding whether or not we are contracted with your plan, please contact your insurance company as they can provide you with the specifics benefits in your plan. In order to be able to file your insurance claims, we must have a copy of your insurance cards as well as a picture I.D. We will submit to your primary and secondary insurances. When there is a change in your insurance plan, coverage or if at any time you receive a new/updated card, please notify us as soon as possible. Without this information, we may be unable to submit your claim to your insurance for payment.
3. Because our doctors are specialists, some insurance companies require a referral from your primary care physician. These can be faxed to us at 614-761-0849. If this is not done by the time of your appointment, you will be asked to either reschedule your appointment and contact your PCP, or pay for the services at the time you are seen. Any payments made at the time of service will be promptly refunded upon receipt of payment by the insurance company.
4. Your visit may generate two or more different bills. Depending on what you need to have done, you may receive statements from the following:
 - a. Professional charges for DA has 12 providers including 9 physicians, 2 certified nurse practitioners and 1 physician's assistant (CNP/PA**). All of our CNP's and PA's are board certified and have subspecialty training in dermatology.
**CNP/PA billing: Please note that your bill following a visit with a CNP/PA may or may not show the name of that practitioner. More commonly it will show the name of one of our DA physicians, and it may or may not be one you have seen before. Which provider gets listed is determined by your insurance company rules (third-party carrier or Medicare). This is often a confusing point so please keep it in mind.
 - b. Pathology charges—professional fees from the pathologist for the reading of your biopsy.
Many insurance policies carry differing levels of coverage for in-network and out-of-network physicians. Again, you must clarify with your insurance that our physicians are a participating provider with your particular plan. It is also your responsibility to contact your insurance company prior to your procedure to clarify your own benefit levels, copays, deductibles, etc. as you are primarily responsible for the charges.
5. Mohs surgery procedures are approved by Medicare and need no prior authorization.
6. We are required by the state of Ohio to explain to patients the method of billing, including charges, for pathology services. If your physician performs a biopsy or excision, your specimen will be sent to a Board Certified Dermatopathologist (skin pathologist) for interpretation whenever possible. The Center for Surgical Dermatology/Dermatology Associates (CSD/DA) maintains contracts with multiple pathology labs to insure the highest quality of patient care and also to accommodate as many of our patients' insurance companies as possible. In most cases, preparation of the skin biopsy for the pathologist is done here in the Center for Surgical Dermatology Pathology lab. You will be billed for the preparation work from CSD (\$90) and billed by the outside lab for the physician's reading from the outside pathology lab. If the skin pathologist requires additional studies on your tissue (special stains, immunochemistry's) to help with making your diagnosis, those will appear on their bill.

Specializing in Dermatologic and Cosmetic Surgery: Skin Cancer Treatment, including Mohs Surgery • Laser Surgery • Sclerotherapy •
Dermal Fillers • Skin Rejuvenation • Skin Care Products

428 County Line Road West • Westerville, Ohio 43082-7027 • (614) 847-4100 • Fax (614) 430-1601
www.centerforsurgicaldermatology.com



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Dermatology Associates Billing Policy
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7. Certain payments are due at the time when services are rendered including copays, outstanding balances, cosmetic procedures or products. We accept cash, personal checks, Visa, MasterCard, Discover and American Express.
8. Credit Balances and Small Balance Write Offs: Occasionally an overpayment is made and a refund is due. Unless you object, credit balances will be applied to any existing or new balances on the patient's account or held to cover future services already scheduled. If after ninety (90) days the credit still exists and no future services are scheduled, all unapplied credit balances over \$5.00 will be refunded to the patient. If a refund is due to an insurance company, this will not change the amount due from the patient for "patient responsible" balances.
9. If you do not have health insurance, please call the billing office as soon as possible. Billing representatives are available Monday-Friday 7:30 am to 4:30 pm at 614-339-1360, to answer any questions related to the above or to set up a payment plan if necessary. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate such problems so that we can assist you in the management of your account.
10. Cancellation Policy: As a courtesy to our other patients, please call at least 24 hours in advance to cancel or reschedule your appointments. We reserve the right to charge \$25 for any appointment which is not cancelled with proper notice. Additionally, repeated violations of our cancellation policy may result in dismissal from the practice.

We are pleased to have you as our patient. Your assistance as well as your patience with the above issues is appreciated as this will help make your overall visit with us go very smoothly. If you have any questions, please feel free to contact our office.

I HAVE READ THE ABOVE FINANCIAL ARRANGEMENTS AND INSURANCE STATEMENT AND I REALIZE THAT PAYMENT IS MY OBLIGATION FOR COVERED AND NON-COVERED SERVICES REGARDLESS OF INSURANCE OR THIRD-PARTY INVOLVEMENT. I AUTHORIZE THE PHYSICIAN TO FURNISH MY INSURANCE COMPANY WITH ANY INFORMATION REQUIRED AND MY INSURANCE BENEFITS TO BE PAID TO THE PHYSICIAN.

Patient (Guarantor) Signature

Patient Name Printed

Patient DOB

Date

Q:Forms/CSD/GD Patient Billing Info Sheet
Updated 3/1/2018

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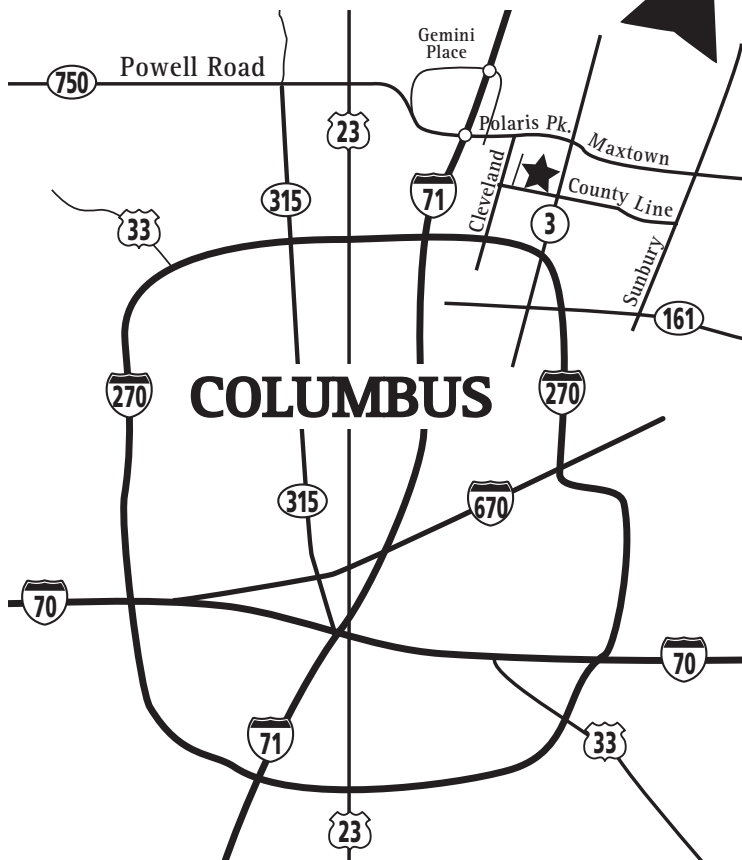
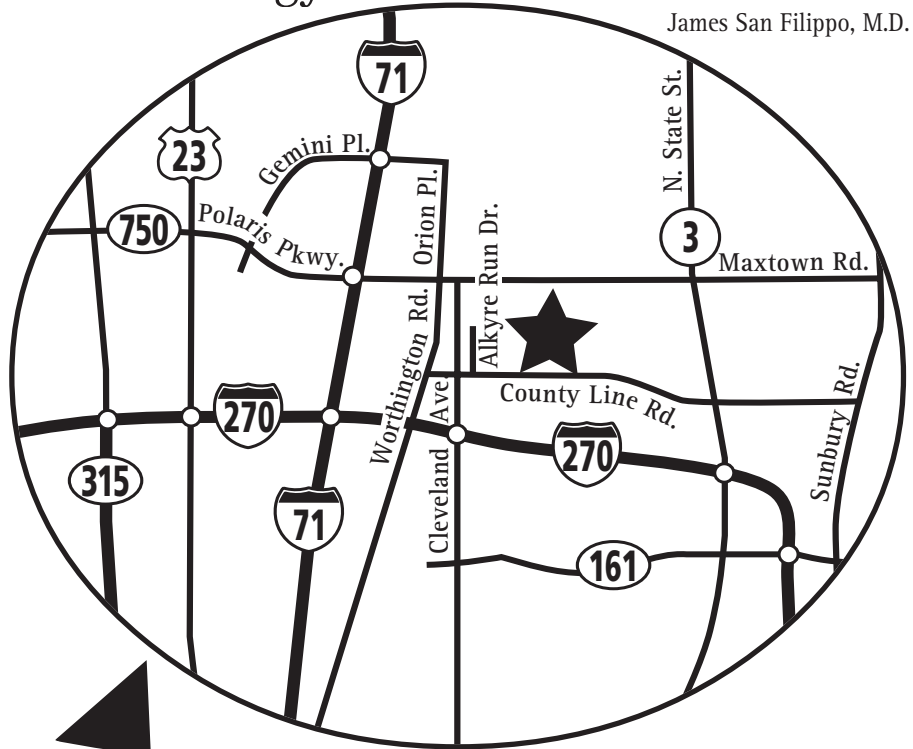
Center for Surgical Dermatology

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James San Filippo, M.D.

It's easy to find the
Center for Surgical
Dermatology &
Dermatology Associates

428 County Line Road West
Westerville, Ohio 43082-7027

TEL: 614-847-4100 | FAX: 614-430-1601



We are located north and east of the I-71 & I-270 Interchange about 15 miles north of downtown Columbus.

FROM THE NORTH, exit I-71 at Gemini Place/Polaris Parkway and turn left (East) at the light. Cross over the highway and turn right (South) on Orion Place to Polaris Parkway (0.3 miles). Turn left (East) on Polaris Parkway and go one mile to Cleveland Avenue. Turn right (South) on Cleveland Avenue and go 1/2 mile. Turn left (East) on County Line Road West. Immediately turn left on Alkyre Run Drive and turn right into our parking lot.

FROM THE SOUTH, you have two options.

- The most direct would be to exit I-270 at Cleveland Avenue and go North 2 miles. Turn right on County Line Road West and take the immediate first left onto Alkyre Run Drive and turn right into our parking lot.
- A second option is to stay on I-71 north until Polaris Parkway. Turn right (East) on Polaris Parkway to Cleveland Avenue (Just over 1 mile). Turn right and go 1/2 mile south on Cleveland Avenue. Turn left on County Line Road West. Immediately turn left on Alkyre Run Drive and turn right into our parking lot.

If you are coming from the north side of Franklin County or southern Delaware County it may be helpful to know that Powell Road (Route 750) coming from the west is continuous with Polaris Parkway which as you go east is continuous with Maxtown Road.

CALL US IF YOU NEED DIRECTIONS.

614-847-4100

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