



Dermatology Specialists

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Phone: (972) 712-3131

Coppell Office:

580 S. Denton Tap Rd, Suite 290
Coppell, Texas 75019
Phone: (972) 712-3131

Denton Office:

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Phone: (972) 712-3131

Saginaw Office:

817 Towne Court, Suite 200
Saginaw, Texas 76179
Phone: (817) 529-1400

Brad Armstrong PA-C

Lucy Li, MD

James Szabo, MD

Katie Vo PA-C

Patient Name: _____

Attention Patients:

Please be advised that here at Dermatology Specialists, we will make every effort to contact your insurance company to verify your insurance benefits. However, the insurance companies will only provide a quote of benefits and not a guarantee of payment. Because we collect the amount due at the time of service, according to the quote given, there may be a difference in patient responsibility once we file your claim.

Financial Responsibility

I am aware that co-pays, deductibles, co-insurance, and payment of cosmetic procedures that are not covered by my insurance are my responsibility and are due at the time of service. I understand that FDLSC will attempt to verify my coverage, but if my insurance fails to reimburse despite the efforts, I will be responsible for paying the bills in full. I understand that I am responsible for knowing what my insurance benefits are and for obtaining a referral if it is required by my insurance policy. I will inform any changes in my insurance plan immediately. Any charges that result from failure to do so will be solely my responsibility. I authorize payment of medical benefits to the provider of service.

Initial _____

Office Policy

FDLSC reserves the right to charge patients who fail to cancel their medical appointments within 24 hour notice, (business days), cosmetic and surgical appointments within 48 hour notice (business days). We will make every effort to accommodate your requests for an appointment, and ask you in return to be courteous and punctual.

Initial _____

Authorization for Medical Treatment of a Minor

I, being the parent of guardian of the above named minor, do hereby authorize providers of the FDLSC to administer dermatologic medical treatment to my child. It is my intention that this authorization be effective during my absence.

Initial _____

Female Patients of Child Bearing Potential

I understand that if I am trying to get pregnant or I become pregnant I will stop all oral and topical medications you have prescribed and contact this office.

Initial _____