Daniel S. Hurd D.O., F.A.O.C.D
Chad Johnston D.O., F.A.A.D.
Barbara Miller F.N.P.
Susan Gaither R.N.C.N.P.
Angie Brewster PA-C

Welcome to New River Dermatology. As you review our office policies, please answer each question and sign each section to indicate your understanding and agreement. If you have any questions or need further clarification on any item, our staff will be happy to help you. We appreciate your trust in us and look forward to serving you.

Please circle yes or no after each statement:

I have had the opportunity to review and agree with the privacy practices of New River Dermatology. **Yes** **No**

New River Dermatology may speak to my spouse regarding ANY of my medical information. **Yes** **No**

Do we have your permission to leave your test results on a voice mail? **Yes** **No**

May we leave messages with household members or on a voice mail about future appointments? **Yes** **No**

Are there any other family members you authorize to receive your information? **Yes** **No**

If so please list their names and phone numbers below:

Name ______________________________________ Phone ________________________________

Name ______________________________________ Phone ________________________________

Patient's Signature ____ Date _________________

APPOINTMENTS: We will see patients by scheduled appointments, and our office staff will make every effort to schedule your appointment at a time that is most convenient for you. If you need to cancel your appointment, please call at least 24 hours in advance of your scheduled time so that we may provide that appointment time to another patient. Failure to provide the requested 24 hour notice will result in a missed appointment fee of up to $50 being charged.

Patient's Signature ____ Date _________________

SELF PAY/NON PARTICIPATING INSURANCE POLICY:

New River Dermatology does not participate with all medical insurance companies. It is your responsibility as a patient/guardian of a patient to know which physicians are participating providers with your medical insurance policy. You can contact your insurance company and they will tell you which physicians in the area are under contract with them. If your insurance requires a referral, it is your responsibility to ensure that we have received that referral prior to your scheduled appointment. If we have not received your referral prior to your appointment you will be responsible for the full amount of any charges not covered by your insurance.

Examples of insurance companies that we **do not** participate with include but are not limited to: Alliance, Mamsi, Aetna AEP HMO, Virginia Premier and Medicaid. As a non-participating physician we do not have a contract with these particular insurance companies. This means that your insurance company may not pay for any medical charges or may pay at a reduced rate for services that are rendered at New River Dermatology. Payment, in full, is due at the time services are rendered to you.

With the exception of Virginia Premier and Medicaid, we will file your insurance claim on your behalf with your current insurance company. If your insurance company pays any portion of your claim, even though we are non-participating providers with them, you will be reimbursed any monies due to you when our billing company receives that insurance payment.

By signing below, I understand that if New River Dermatology is a non-participating provider with my particular medical insurance, or I am Self-Pay patient; that I am responsible for all or a percentage of any services rendered by New River Dermatology.

Patient's Signature ____ Date _______________

CONSENT FOR HIV, HEPATITIS B OR C TESTING: New River Dermatology is required by Section 32.1-45.1 of the Code of Virginia (1950), as amended, to give you notice that if any New River Dermatology health care provider, worker or employee should be directly exposed to your blood or body fluids in any way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (AIDS virus) as well as Hepatitis B and C. A physician or other health care provider will notify you of the results of the test. Under VA Code Section 32.1-45.1 A, you are deemed to have consented to release of the results to the person exposed. New River Dermatology will only be responsible for any expenses incurred for this testing under the circumstances listed above.

Patient's Signature ____ Date _______________