

DERMATOLOGY & SKIN HEALTH
784 CENTRAL AVENUE DOVER, NH 03820
603-742-5556 FAX 603-742-8668

Reason for today's visit _____

REQUIRED TO FILL OUT

Please list all current medications: _____

Please list any allergies you may have: _____

Do you live alone? _____ Do you smoke? _____ How much do you smoke a day? _____

Do you drink alcohol? _____ How frequent? _____ Do you use recreational drugs? _____

Hobbies or Leisure Activities? _____

Current or past problems with: (Review of Systems) **Please Circle**

General Health: YES NO

Eyes: YES NO

Ears/Nose/Throat YES NO

Heart: YES NO

Lungs: YES NO

Stomach/Bowel YES NO

Kidneys YES NO

Arthritis/Muscles YES NO

Skin YES NO

Headaches YES NO

Psychological Disorder YES NO

Thyroid YES NO

Blood/Bleeding Disorder YES NO

Allergic/Immunologic YES NO

Pregnant YES NO

If you answered yes to any of the above please explain: _____

Past History and Family History: M-Mother F-Father B-Blood Relative

Mother: living/ deceased _____ age Father: Living/Deceased _____ age

Number of Children you have _____

Allergies _____ Arthritis _____ Asthma _____ Cancer _____

Diabetes _____ Eczema _____ Heart Disease _____ Hay fever _____

Lung Disease _____ Melanoma _____ Psoriasis _____ Skin Cancer _____

High Blood Pressure _____ Tuberculosis _____

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DERMATOLOGY & SKIN HEALTH – FINANCIAL POLICY

If you have medical insurance, we will be happy to bill most insurance companies if you provide our office with all the necessary information. Any balance, however, is ultimately your responsibility. Your co-payment is due at the time of your visit. We accept cash, checks, MasterCard, Visa, Discover and American Express.

MEDICAL INSURANCES:

We participate with the following insurances: Blue Cross Blue Shield, Harvard Pilgrim, Cigna, Medicare, Medicaid, Health Plans Inc, HCVM and Aetna.

For other insurance companies that we do not participate with, we will make a reasonable effort to bill. However, there may not be any benefits or there may be limited benefits for services by our physicians. Please be advised that it is your (the patient's or the insured's) responsibility to contact your insurance company to see what your plan covers prior to treatment. In cases of liability, we do not bill third party insurances or attorneys; payment in full is expected at the time of your visit.

If your insurance has not paid within 60 days, the balance will become your responsibility and we recommend that you contact your insurance company.

MANAGED CARE INSURANCES:

As a specialty practice, our physicians are not authorized to provide services for patients with managed care insurance without authorization from their primary care physician. The exception to this would be if your insurance includes a Point of Service Plan or a Preferred Provider Organization, which allows you to choose treatment without a referral. For all other HMOs, please be advised that it is your responsibility to make certain a referral authorization has been received in our office prior to your appointment or bring your referral with you at the time of your appointment. If you do not have the referral with you or the referral is not in our office the day of the appointment, you will be responsible for any charges denied by your insurance for no referral.

ADDITIONAL INFORMATION:

You may receive two separate bills for pathology one for technical component and one for professional components.

In cases of divorced or separated parents, our policy is that the parent bringing the child into our office for services must be responsible for any balance.

I hereby authorize Dermatology & Skin Health to furnish my health information for purposes relating to treatment, payment, and health care operations, and I hereby assign to Dermatology & Skin Health all payments for medical services rendered. I understand and agree that, regardless of my insurance status, I am ultimately responsible for my account for any services rendered. I have read the information in this policy and verify that all insurance information is true and correct to the best of my knowledge.

I hereby agree to consultation with Dermatology & Skin Health and agreed-upon treatment. I understand that this signature is valid for any treatment for the duration of one year.

DATE	PATIENT or PATIENT'S REPRESENTATIVE	RELATIONSHIP
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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

I have received a copy of the Summary of Health Information Practice. This notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling, 603-742-5556. Or by requesting one at the office.

(Please Print your Full Name)

(Signature)

(Date)

As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf

(Please Print your name)

(Relationship)

(Signature)

(Date)

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NOTICE OF HEALTH INFORMATION PRACTICES
SUMMARY

We are required by federal law to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and obligations under federal and state privacy laws.

USES AND DISCLOSURES

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances, we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- To provide information about your health condition to others who may treat you.
- To provide information about the treatment that we provided in order to obtain payment from your health plan.
- To report a communicable disease, domestic violence or criminal activity.
- To comply with a court order requiring the disclosure of your medical record.

These examples are merely illustrative. For a full description of the uses and disclosures that we are permitted to make, consult our Full Notice of Health Information Practice. That may be requested from our office and is available for review in our waiting room.

YOUR RIGHTS

While the records that we maintain about you belong to us, under federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and receive a copy of the health information that we maintain about you and request that we amend any of the information that you believe is incomplete or incorrect. In addition, you may request that we provide you with a list of each disclosure that we have made of your health information. All of these rights are subject to some exceptions that are described fully in the Notice Of Health Information Practice

OUR OBLIGATIONS

We are required to provide you with our Notice of Privacy Practices and to abide by its terms. We may amend the Notice from time to time. All amendments apply retroactively

If you have any questions or require additional information, please contact our Practice Manager at 603-742-5556.

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Directions

Our office is across the street from Wentworth Douglass Hospital.

Take **Exit 9** off the Spaulding Turnpike; **take a right off the exit.** At the major intersection of Blockbusters **take a right on to Central Ave. (Route 108)**

Count 4 lights, **the first** is at *Fiddlehead Farms* on the right, the **2nd** at *Dunkin Donuts* on the right, the **3rd** at *Shaws Plaza* on the left, and the **4th** at Hannaford's on the left. You will be taking the second street on the right after the fourth set of lights.

You will pass the EMERGENCY entrance to Wentworth Douglass Hospital on the left. On the right will be Lowell Avenue and then Abbott Street. (**We are located on the corner of Central Avenue and Abbott Street**)

Take a right onto **Abbott Street**, and park behind the building in our parking lot. (If you have gone through the next set of lights you went too far.)

The Building is red brick and the Sign says **DERMATOLOGY & SKIN HEALTH on the front.**