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Paducah Dermatology, PLLC

Please fill out the enclosed forms and bring with you to your appointment. We will also need your insurance card and a photo ID that includes your current address. If your current address is not on your driver's license, we will need a copy of a utility or current bill, addressed to you, showing the current address. We will also be taking a photograph at the front desk to be scanned into your medical record; this is for patient protection and to protect against identity theft. If the patient is a minor, we will need this information for the parent or legal guardian bringing the patient in. **A parent or legal guardian MUST accompany a minor.**

Please call the office phone number to check for inclement weather closings.

Patient's Procedures and Rules Policy

If you have **new** information since your last office visit, (name change, address, phone number, or insurance information), please notify the front desk staff when you arrive for your appointment.

It is **your responsibility** to know what procedures are covered by your insurance policy. If your insurance requires referrals to a specialist or a procedure requires being precerted (x-rays, CTs, MRIs, etc.), please notify one of our staff members **before** the procedure or test is scheduled. If your insurance requires you to go to a particular facility for testing or procedures, please notify one of our staff **before** anything is scheduled. **You** need to contact your insurance company to make sure that our office is an in network provider and any facility that further testing has been scheduled, also. You will need to check your benefits before any testing is done to make sure your tests are covered.

In consideration for those patients who already have scheduled appointments, **please** call in advance to schedule your appointment. This is for your convenience and ours, as the daily schedule fills quickly. If you are **over 15 minutes** late to an appointment, you may be rescheduled. If you **no show three** times in a calendar year, there is the possibility that you could be dismissed from the practice.

Only the patient will be allowed back to the exam rooms, unless it is a child under 18, spouse, or an elderly patient who requires assistance. This allows the doctor to concentrate on the patient, without interruptions from others in the room.

Self-pay patients are required to make payment arrangements or pay in full on the first day of your office visit.

If you have a previous balance on your account, you must pay this amount or have made payment arrangements prior to the office visit. If your insurance requires co-pay, or you have a deductible that has not been met, you will be required to pay that amount on the day of the visit.

We want to **thank you** for allowing us to help you receive the best service that can be provided for you. If you have any questions or a problem with your insurance, we will be glad to help in any way we can.

Thank you,
Doctors and staff

I have read and understand all of the above.

Patient's signature: _____ Date: _____