

North Coast Dermatology Medical Associates*

Nancy M. Satur, M.D., Inc. • Stacy D. Tompkins, M.D., Inc. • Ralph Massey, M.D., Inc.
Joanne M. Butler, RN, NP, Inc. • Berna B. Moore, PA-C, M.C.M.S. • Gary E. Vanetsky, M.M.S., PA-C

OFFICE POLICIES AND PROCEDURES

Thank you for choosing NCDMA for your dermatological care. We are committed to delivering excellent Dermatologic care, and look forward to partnering with you to achieve your goal of healthy, beautiful skin. Please review our office policies and procedures. We will be happy to answer any questions you may have.

Appointments:

I understand that appointments are pre-arranged and that it is my responsibility to keep my appointment or cancel my appointment with a minimum of 24 hours notice. If my appointment is missed or canceled at the last minute, it deprives another patient the opportunity to be seen during that time. Failure to cancel with more than 24 hours notice will result in a **\$50.00 charge** to my account.

Billing/Insurance

I understand that payment is due at the time of service. I can pay via cash, check, American Express, Visa or MasterCard. Although the office bills various insurance companies such as Medicare, Blue Cross/Blue Shield, CCN, Cigna, etc. co-payments and deductibles are due and payable at each visit. I understand that I am responsible for services not covered by my insurance company. There will be a **\$25.00 service charge** for checks returned for non-sufficient funds, stop payments, etc. A **Service Fee of \$10.00** will be added to any unpaid balance after 60 days past due.

Records

Records will be kept for seven years as per legal requirements. Copies of records can be transferred to other physicians upon receipt of written notification from the patient. Please provide the office with at least 72 hours notice when requesting records. I understand that there will be a **\$25.00 fee** for any records released to me directly.

Medications

Medication refills will be considered during office hours only. This is to conform to the California Pharmacy statutes and to prevent persons from acting or posing as patients and obtaining medications by illegal means. It also permits the maintenance of accurate records of medication consumption in the patient's chart for review by the State Pharmacy Review Board if necessary. Patients should contact their pharmacy 1-2 days prior to the needed refill as the prescribing physician may not be immediately available the same day the medication runs out. **Refills will not be provided to any patient who has not been seen in this office in over 6 months.**

I understand and agree to the above office policies and procedures. Any questions have been answered to my satisfaction.

Print Patient's Name

Signature of Patient/Responsible Party

Date

477 North El Camino Real C-312
Encinitas, CA 92024
Tel (760) 436-2300 • Fax (760) 436-5482



477 North El Camino Real A-202
Encinitas, CA 92024
Tel (760) 753-7113 • Fax (760) 753-7057

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www.ncdermatology.com
7301 Girard Ave. Suite 300
La Jolla, CA 92037
Tel (858) 454-4300 • Fax (858) 454-5088

*Stacy D. Tompkins, M.D., Inc. DBA North Coast Dermatology Medical Associates