

# ***Bernstein & Robinson Dermatology, P.A.***

*1115 South Main Street*

*Bel Air, MD 21014*

## Statement of Financial Responsibility

I authorize release of any medical information necessary to process any insurance claims. I authorize payment of medical benefits directly to **Bernstein & Robinson Dermatology, P.A.** I understand that I am responsible for any deductible or co-pay which my insurance company indicates is due **Bernstein & Robinson Dermatology, P.A.** according to the terms of the pertinent contract which **Bernstein & Robinson Dermatology, P.A.** has signed with that insurer. If **Bernstein & Robinson Dermatology, P.A.** has not signed a contract with my insurer, I am responsible for the bill in full unless I have made prior arrangements. I understand if I have requested cosmetic procedures which are not covered by the insurance contract, I am responsible for those fees in full.

I agree to pay promptly any and all co-pays, deductibles, and other fees as calculated by my insurance company. Should I default in payment, and my account is turned over to a collection agency, I agree to pay all reasonable and legal costs of collection allowed by Maryland state law and United States federal law (up to 35% of the balance).

\_\_\_\_\_  
**Signature**

**Date**

## Disclosure of Medical & Financial Information

Please complete information for disclosure of any medical and/or financial information received from this office. Please indicate below to whom we may give this information and what number should be called.

CHECK ONE OPTION ONLY:

\_\_\_\_\_ You or your spouse, at home number. Phone # \_\_\_\_\_

May we leave a message? (circle one) YES NO

Cell Phone # \_\_\_\_\_

May we leave a message? (circle one) YES NO

\_\_\_\_\_ Anyone who answers home phone including answering machine.

Phone # \_\_\_\_\_

\_\_\_\_\_ You only at home or work number. Phone # \_\_\_\_\_

Other family members/caregivers who are authorized to receive my medical and/or financial information OR ask questions about my care:

\_\_\_\_\_