

Robinson & Max, Dermatology, PA
101 West Ridgley Road, Suite 4B
Timonium, MD 21093-5145
410-561-1960

INSURANCE GUIDELINES

We will submit the claim to your insurance company. We will accept allowances for services rendered under any plan that we are deemed to be a participating provider. You are responsible to know your insurance plan guidelines. **If your plan requires a referral, you are responsible to obtain a valid referral from the primary care physician. This must be presented at the time of service. I agree to be responsible for the entire balance or any unpaid portion of my bill if my insurance company only pays a portion or if my insurance company declines to pay.** *If your insurance requires your physician to use a specific lab such as Labcorp or Quest you must inform the doctor and his medical assistant. Robinson & Max Dermatology's staff is not responsible to explain or understand the guidelines of your insurance plan.* We will submit the claims, but you as the MEMBER are responsible to know and understand your medical benefits. If you have questions on coverage, please call the customer service number on the back of your insurance identification card for personal plan clarification.

Robinson & Max, Dermatology will submit the claims and attempt to get payment. However, after 45 days, if we have not received a response from your carrier, we will send you a statement indicating your responsibility to contact your insurance company and request assistance in getting a favorable resolution.

Co-payments are required at the time of service. Any deductibles and/or co-insurance amounts are your responsibility and are expected to be paid within 30 days after sending your statement.

I authorize release of any medical information necessary to process any insurance claims and I authorize payment of medical benefits directly to Robinson & Max, Dermatology, P.A. I understand I am responsible for any deductibles, co-insurance, or amounts for services not covered by the insurance carrier. I permit a copy of this authorization to be used in place of the original.

Signature _____ Date _____

Feel free to call our office if you have additional questions.