

**IF PATIENT IS A MINOR PLEASE ENTER RESPONSIBLE PARTY INFORMATION**

(Note: We do not bill absent parents, the adult presenting the minor for care is the responsible party.)

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Number, Street, Apartment Number City State Zip

Phone ( ) Relationship to Patient Date of Birth:

**PATIENT FINANCIAL POLICY**  
**Jessica Pillow, M.D.**

This office has contracts with Medicare and with many managed care plans. Please check with our reception staff to determine whether your plan is one of these.

If we have a contract with your plan, we will file a claim with your insurance company. The amount for which you are responsible (any deductibles, co pays, percentages or non-covered services) is required at the time of service.

If you do not have one of the plans with which the practice is contracted, the total cost of your visit is required at the time of service.

If at any time you are concerned about the cost of a procedure proposed by the doctor, you may ask for someone from the business office who will be happy to discuss the cost with you.

For your convenience in paying, this office accepts Master Card, American Express, Discover, Visa and ApplePay in addition to cash and checks.

I certify that I have read the financial policy of Jessica L. Pillow M.D., and agree to abide by the policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Delta Dermatology and Skin Cancer Specialists, PA

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

We are required by law to provide you with a copy of our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our Notice.

Signature of patient (or Legal Representative) Printed Name Date

Signature of Staff Member Title Date

**PERMISSION TO TAKE AND STORE PHOTO**

HIPPA's new Red Flag Identity Theft Prevention regulation requires that patients provide us with a photo ID at each visit. We can instead take a photo and store the photo to compare at the time of each visit.

Signature of patient (or Legal Representative) Date

Signature of Staff Member Date