

BRIGHTON DERMATOLOGY
& COSMETIC SURGERY CENTER
2300 Genoa Business Park Drive
Suite #220
Brighton, Michigan 48114

Dear Patient:

Due to many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. It is your responsibility to know your individual coverage. Failing to comply with this suggestion could result in you, the patient, being responsible for all costs incurred. Please remember that your insurance policy is between you and your insurance company and not with the insurance company and your physician.

Howard D. Lipkin, D.O.

Signature: _____

Date: _____

To our patient with MEDICARE INSURANCE:

Patient Name: _____

Our office is required to keep your signature on file authorizing us to file claims to Medicare for you and to release information to that payor if they require it for the proper consideration of a claim. Please read and sign the following statement.

I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and it's agents any information needed for this or a related Medicare claim. I request payment of medical insurance benefits either to myself or the party who accepts assignment. I understand that if "other health insurance" is indicated in item 9 of the HCFA 1500 form or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes the releasing of information to the insurer or agency shown. In Medicare assigned cases, the physician or provider agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, insurance co-pay and non-covered services. Insurance co-pay and the deductible are based upon the charge determination of the Medicare carrier.

Signature: _____

Date: _____

I am aware that checks returned by the bank due to insufficient funds will be subject to a fee of \$40.00 _____
(Please initial)