

**WAIVER OF LIABILITY**

South Texas Dermatology, PLLC

4141 S. Staples Ste 300

Corpus Christi, Texas 78411

(361)882-5560

I, \_\_\_\_\_, have been informed that my insurance company may deny payment for today's visit. I agree to be fully responsible for the payment of all charges incurred for services rendered on this the \_\_\_\_ of \_\_\_\_\_, 201\_\_.

If this claim is paid by my Insurance Carrier, I agree that I will notify this office regarding the impending insurance payment. I also agree to accept a mailed refund check reflecting the overpayment minus copayments, deductible, cost share, and non-covered services after this office has processed the insurance payment for this date of service.

CONSULTING PHYSICIAN:

Paul Reinhart PA-C

Dr. Wayne Fagan  
Ellen Mitchell FNP

Dr. Nathan Davis  
Todd Pillen PA-C

Nishan Thapa PA-C  
Mallory Heath PA-C

The necessary verification required to receive treatment in a specialist's office is not available because of one or more of the following reasons:

- ( ) I did not bring a valid insurance card
- ( ) I did not understand my insurance benefits
- ( ) I did not contact nor notify my Primary Care Physician (PCP)
- ( ) The specialist's office has not received a document with an authorization number approving referral
- ( ) Referral denied by referring physician/PCP
- ( ) Current referral is not valid for today's diagnosis
- ( ) Current referral has an expired date
- ( ) Current referral has an exhausted quantity
- ( ) No participating Dermatologist is available on the Insurance PPO/HMO/PHO plan
- ( ) Private Pay (self pay) **\*\*\*IF BALANCE IS NOT PAID IN FULL AT THE TIME OF VISIT CHARGES WILL REVERT TO FULL BILLED CHARGES UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE \*\*\***
- ( ) Other (Cosmetic)

Patient Name (PRINTED) \_\_\_\_\_

Signature \_\_\_\_\_