

PRACTICE INFORMATION



YOUR APPOINTMENT

Your time is important to us. Your appointment was scheduled based on the **reason you gave us** when you scheduled. If you have additional problems or need to discuss other concerns with your provider, we will have to schedule a separate appointment to address these problems / concerns. This will allow us to be considerate of other patient appointments.

CONFIRMING YOUR APPOINTMENT

Due to the high demand for dermatology appointments and frequent no-shows, we do require you to confirm your appointment two to three days prior to your scheduled visit. **If an appointment is not confirmed, it will be canceled.** As a courtesy, we work to confirm your appointments by using e-mail, text messaging and/or a phone call from our online appointment scheduling software. We know how easy it is to forget an appointment you booked months ago. With our current system you have the option of the following:

- confirm your appointment from the link provided in the **e-mail**;
- confirm your appointment by responding **with the number 1** to the **text**;
- confirm your appointment by phone using the appropriate selection prompts;
- call our office at #931-484-6061 to cancel, makes changes, or to confirm directly

Please understand that it is your responsibility to remember your appointment dates and times. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment.

LATE ARRIVALS

Out of respect for other patients arriving on time, if you arrive more than 15 minutes late, you may be asked to reschedule. However, arriving less than 15 minutes late DOES NOT guarantee that you will be seen. It is at the discretion of your health care provider whether you can be worked back in to the schedule. If you have not signed in within five (5) minutes of your appointment time, someone from the office will call to verify if you are still planning on keeping your appointment.

YOUR PRESCRIPTIONS

Unless you request a written prescription to take with you after your visit, prescriptions are sent electronically to your pharmacy. This often means that your prescription will not be ready for pickup until the end of the day. We strongly suggest you call your pharmacy to make sure your prescriptions are ready before going to pick them up.

Insurance companies often change their list of "preferred drugs". We try very hard to keep current with these changes. However, you may find that your insurance company has rejected your prescription because it is not on their "preferred list". Again, we suggest you call your pharmacy to make sure your prescription(s) are ready before going to pick them up. If your prescription is rejected by your insurance because it is not on their "preferred list", additional time will be required for approval of a substitute medication.

CANCELLATION / NO-SHOW POLICY

We respectfully ask for 24 hours' notice if you will be unable to keep an appointment. If you have more than three (3) no-show occurrences, you may be discharged from the practice. **PROCEDURES:** If you no show or cancel an appointment for a procedure with less than a 24 hours' notice (including Mohs, BOTOX, fillers, Microneedling, excisions, ED&C or LN2) you will be subject to a \$150.00 non-refundable cancellation fee that must be paid prior to rescheduling. If you miss two procedures without proper notice within a 12-month period, you may be discharged from the practice for non-compliance.

PAYMENTS DUE AT TIME OF SERVICE

Co-pays, co-insurance, deductibles and payment for cosmetic services rendered are expected at time of visit.

CONSENT TO TREAT MINORS

Minors, persons under the age of 18, must be accompanied by a parent or legal guardian for all appointments.

CONSENT TO LEAVE MESSAGES / PATIENT ACCESS

By completing the consent below, you are allowing the providers and staff of Cumberland Dermatology to leave a message on an answering machine, voicemail or with a specified individual (per your HIPAA release). By signing, you are also consenting to the mailing, e-mailing, texting or faxing of any results or appointment information to you or your primary care physician or another physician involved in your care. You may view your medical record by using our secure patient portal. If you provide an e-mail address, we will send you an activation link to gain entry.

Patient Name (please print): _____ **DOB:** _____

Patient Signature: _____