

# Messenger Dermatology – Compass

## Office of:

Gregory G. Messenger, M.D., Yuelin Xu, M.D., George Poletes, M.D., Katherine English, D.O., Rebecca Broschart, D.O., Michelle Gallagher, D.O., Saif Fatteh, M.D., Ahmed Sufyan, M.D., Gary Cesar, DPM and Jeffrey A. Messenger, M.D.

Welcome to our office. **Please take the time to read our office policies.**

When requesting a medication refill, please leave a message on our refill line and allow us one business day to call the pharmacy or call you for an appointment. Some insurance companies require a prior authorization for medications. **If a prior authorization is required, please allow two business days for us to fill out the necessary paperwork.** Note: it may take your insurance 30 days to reach a decision.

We are a specialty office that regularly performs surgical procedures. Despite our best efforts, procedures occasionally take longer than anticipated and result in a delay. We apologize in advance if you are unable to see the physician at your scheduled time. Some delays may be as long as one hour. If you are unable to wait, please alert the front desk and we will be happy to reschedule your appointment.

Please allow 24 hours for cancelled appointments.

**Please keep us informed of all insurance changes. It is the patient's responsibility to provide the office with current and accurate insurance information. Without this information, the insurance company cannot be billed. In this instance, the patient will receive the bill for all services.**

We participate with many insurance companies. Please check with your insurance company to determine if our provider participates with your insurance company. Please also contact your insurance company to determine your deductibles, co-pays and coverage as these will depend on your specific insurance policy.

**Payment is due at the time services are rendered.** We will bill office visits and surgical procedures to the insurance companies with which our office participates. The patient is responsible for any portion of the bill not covered by the patient's insurance company. The patient is responsible for office visit co-pays on the date of service.

If an insurance company requires a prior authorization for a specialist, the patient is responsible for requesting the authorization. A prior authorization does not guarantee payment in full from the insurance company.

All children under the age of 18 must be accompanied by a parent or legal guardian. A note may be sent authorizing us to see the patient without the parent or guardian being present. If it is the first visit or surgical visit, we require the child to be accompanied by a parent or guardian.

**I have read and understand the above information**

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Signature

Date