

COLEMAN E. ALTMAN, DO HAZEM M. EL-GAMAL, MD

GARY B. SLAUGHTER, JR. MD

MICHAEL A. ASBURY, PA-C MELISSA D. BOOTHE, PA-C SAMANTHA D'ALESSANDRO, PA-C RONALD A. RODRIGUEZ, PA-C STEPHANIE WEAVER, PA-C **BRANNON PUETT, PA-C** TRACY R. BLACK, PA-C **DENTON MOW, PA-C** BLESELDA PARAGAS, PA-C JORDANN DEACON, PA-C BRYANNA UHLIR, PA-C JENNA BYRNE, PA-C KINSLEIGH TRICE, PA-C SAMANTHA GULLEDGE, PA-C HAIBO CHENG, PA-C

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FINANCIAL WAIVER OF RESPONSIBILITY

NOTE: If your insurance plan does not pay for services listed below, you will be financially responsible for the treatment.

Some insurance plans only will pay for healthcare services that are deemed medically necessary. As a policy holder, you are issued a document of coverage by your insurance company.

Services that a physician may request but may not be considered "medically necessary" by your insurance company may include, but are not limited to:

• Skin exams	 Skin Lesion or biopsy 	 Incision/drainage abscess
Blue U acne treatment	• Laser hair removal	 Removal of benign lesion
• DPN/skin tag removal	• Acne surgery	 Nail avulsion
• UVB treatment/therapy	 Cyst injection 	• Wart removal
 Injections for hair regrowth 	• Acne	
Other item or service		
If you have a question or concern above encourage you to contact your in I have read all of the above and unden be personally and fully responsible for	surance company directly.	not pay for these services. I agree to
Patient Name (please print)	//	// Date
	—elius Office 19485 Old Jetton Road, Street, Suite 200 Charlotte, NC 28204 Matth	///
		V Office 8401 Medical Plaza Dr, Suite 260 Charlotte, NC 28262

Waverly Office 11840 Southmore Drive Suite ,170 | Charlotte, NC 28277 Myrtle Beach Office 8208 Devon Court, Suite B | Myrtle Beach, SC 29572