THREE RIVERS DERMATOLOGY

Damon McClain, MD, FAAD Susannah McClain, MD, FAAD Molly McIntyre, PA-C, MMS, MPH

ASSIGNMENT OF BENEFITS

I hereby authorize Three Rivers Dermatology to release all medical information including any biopsy reports and laboratory results to my insurance company for services rendered to me or my dependent.

I assign all benefits otherwise payable to me to Three Rivers Dermatology.

I acknowledge that I am financially responsible for any balance of expenses not paid under my insurance plan.

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Patient Signature
(If patient is a minor, parent or guardian signature)

Date