



Damon McClain, MD, FAAD

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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.
- I understand that if Three Rivers Dermatology does not participate with my insurance(s) (including secondary insurances), that I will be responsible for payment of any associated charges. I understand that I cannot and will not submit any bills/charges/claims incurred to any of my insurances.

List of insurances we DO NOT participate with:

(This may not be a complete list. If you are not sure if we are in network with your insurance, please call the number on the back of your insurance card to confirm coverage with Three Rivers Dermatology.)

UPMC Insurances we do not participate with:

- | | |
|-------------------------------------|--------------------------|
| UPMC For You | UPMC For Life Dual Plan |
| UPMC-CHC (Community Health Choices) | UPMC For Life Premier Rx |
| UPMC – Partner Network | UPMC Exchange Plan |
| UPMC For Life Specialty Plan | |

UNITED Insurances we do not participate with:

- | | |
|----------------|-----------------|
| COMMUNITY PLAN | NAVIGATE PLAN |
| DUAL PLAN | SECURE HORIZONS |

ALL MEDICAL ASSISTANCE insurances we do not participate with:

- | | |
|-------------|---------|
| ACCESS | UNISON |
| BEST HEALTH | MEDPLUS |
| GATEWAY | |

OTHER Insurances we do not participate with:

- | | |
|-----------------|------------------------|
| ASSURANT HEALTH | GREAT WEST |
| AMERIHEALTH | INTERGROUP |
| BEECH STREET | MEDICAL MUTUAL OF OHIO |
| FIRST HEALTH | |

We do not see workman’s comp cases.

Please Note: Some insurances require referrals i.e. Tricare Prime, Some Aetna Plans, UPMC standard Network Plan (Please check your insurance card to see if a referral is required and ask your PCP to submit one to us before your office visit.)

Patient Signature

Date

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