



THREE RIVERS DERMATOLOGY

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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-CHC (Community Health Choices)
 UPMC – Partner Network
 UPMC For Life Specialty Plan

UPMC For Life Dual Plan
 UPMC For Life Complete Care
 UPMC Exchange Plan
 UPMC FOR KIDS

UNITED Insurances we do not participate with:

COMMUNITY PLAN
 DUAL PLAN

NAVIGATE PLAN
 SECURE HORIZONS

ALL MEDICAL ASSISTANCE insurances we do not participate with:

ACCESS
 ALLWELL PA health and Wellness
 AETNA BETTER HEALTH
 BCBS CHIP Program
 COMMUNITY HEALTH CHOICES-PA HEALTH AND WELLNESS
 HIGHMARK WHOLECARE

UNISON
 MEDPLUS
 GATEWAY
 UNITED HEALTHCARE BETTER HEALTH
 BEST HEALTH
 GEISINGER HEALTH PLAN

OTHER Insurances we do not participate with:

AETNA CUSTOM HMO
 ASSURANT HEALTH
 AMERIHEALTH
 BEECH STREET
 FIRST HEALTH
 BCBS HIGH PERFORMANCE NETWORK

CARESOURCE
 GREAT WEST
 INTERGROUP
 MEDICAL MUTUAL OF OHIO
 AETNA MEDICARE ADVANTRA CARES HMO

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)

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www.threeriversdermpgh.com