THREE RIVERS DERMATOLOGY

Damon McClain, MD, FAAD   Susannah Berke, 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.**
- **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
AETNA BETTER HEALTH	GATEWAY
ALLWELL PA Health and Wellness	MEDPLUS
BCBS CHIP PROGRAM	UNITED HEALTHCARE BETTER HEALTH
COMMUNITY HEALTH CHOICES-PA HEALTH AND WELLNESS	

OTHER Insurances we do not participate with:

AETNA CUSTOM HMO	
ASSURANT HEALTH	GREAT WEST
AMERIHEALTH	INTERGROUP
BEECH STREET	MEDICAL MUTUAL OF OHIO
FIRST HEALTH	HIGHMARK Advantage Together Blue EPO

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.)

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Patient Signature   **Date**

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

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