Yale Dermatology Associate PC

WELCOME TO OUR OFFICE

Your Appointment is _________ at _________ with Dr.______________

(You will be receiving a courtesy automated appointment reminder call 2 days prior to your appointment. Please be sure we have the correct telephone number to contact you and or leave a message.)

Our medical staff and office personal want to take this opportunity to acquaint you with our office policies in order to make your visit with us as pleasant as possible. We are committed to providing you with the finest in personal service and healthcare. As a major teaching institution, one of our missions is education of dermatology residents. As a result, residents are routinely involved in our patient visits.

NEW PATIENT VISIT FORM:
Please complete the enclosed new patient visit forms and bring the completed forms with you on the day of your appointment. If it is more convenient you can mail in the completed forms. Please answer all questions.

OFFICE HOURS:
Office hours are by appointment only. Appointments can be scheduled from 8:00 AM to 4:30 PM Monday through Thursday and Friday 7:30 AM to 1:30 PM. We ask all New Patients to arrive 15 minutes prior to your scheduled appointment to facilitate the registration process. Our goal is to allow the appropriate amount of time for each patient. However, sometimes a particular case is more complex than anticipated and more time may be required. We ask your patience in understanding that scheduled appointment times are approximate. If you are unable to keep your appointment please call 203-789-1249 at least 36 hours in advance to reschedule. There will be a fee of $50.00 for appointments not cancelled with appropriate notice.

REFERRALS (for HMO and Managed Care Patients):
If your insurance is an HMO or other managed care plan which requires a referral for a specialist visit, it is your responsibility to get the referral from your primary care physician. Please have the referral made out to the physician you are scheduled to see.

PAYMENT POLICY:
Co-payments, coinsurance and deductibles are due at the time of visit. The office verifies all insurance plans prior to appointments. Based on patients remaining out of pocket responsibilities, the office will collect the contracted rate that applies to the visit at the time of services. For your convenience we accept credit cards, checks and cash. If you pay your medical bills with an HSA account please bring that credit card or check for these payments. If you have any questions please call the office to discuss before your appointment.

LATENESS:
We strive to see patients on time. Arriving late for an appointment may require rescheduling. Every effort will be made to accommodate you with a rescheduled appointment.

PRESCRIPTION REFILLS:
Prescriptions are filled at the time of your appointment. If a refill is required at another time please have your pharmacy fax us a written request to 203-776-6188. Please allow 72 hours call back time for refills. Prescriptions requested after hours will be reviewed on the next business day and be processed as stated above. If you have not been seen in a year or more, your prescription will not be filled. You will need to make a follow up appointment.

2 Church Street South~ Suite 305~New Haven CT 06519 *203-789-1249* Fax 203-776-6188
MEDICAL HISTORY

1. List and describe any Allergies to medications and other substances.

2. List any current medications (include prescription and non prescription drugs).

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3. What problem do you want to address during your visit?

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Yale Dermatology Associates, PC
No Show Policy

Patient Name: ____________________________ Account: __________

We are committed to meeting our patients' health care needs. No-show and late
cancellations waste precious time that other patients could use.
Please be advised of our office policy.

All appointments must be cancelled by noon of the previous day (or by
10:00 AM Friday for a Monday appointment) to avoid charges for a no-
show or late cancellation. PLEASE NOTE: Insurance does not cover charges
for no-show/late cancellation fees; therefore, the patient is responsible for
payment

~ A NO SHOW fee of $50.00 will be charged to the patient ~

Billing Questions:

If you have any questions regarding billing, please call our office at 203-789-1249 x 103
during regular office hours.

I have received a copy of this document and understand that I will be financially
responsible for the following:

- All missed scheduled appointments that are not cancelled as described in the
  policy above.

Patient/parent/legal guardian signature ____________________________ Date________

Thank you for your continued support of our practice

If you believe we have made an error in scheduling or you believe you deserve special
consideration, please call or provide an appeal in writing for consideration
Directions Doctors Building 2 Church Street South, New Haven, Connecticut 06519

From I-95 South: Exit 47 (Route 34 Connector) From the connector take Exit 1-Downtown New Haven. Go straight to the end of the exit up to the light and at the light take a left onto Church Street South. Go two more lights to Lafayette Street and turn right. The entrance to the parking lot is on the right.

From I-95 North: Exit 47 (Route 34 Connector) Follow directions from I-95 South.

From I-91 South: Exit 1- Route 34/ Downtown New Haven Connector. Follow directions from I-95 South.

From Route 34 (from Derby/Shelton): Take Route 34 to the Boulevard and turn right on 34 East. Turn left onto Legion Avenue and continue on Legion through three traffic lights, crossing York and College Streets. (Please note that Legion Avenue becomes South Frontage Road as you approach Yale-New Haven Hospital.) You will have two opportunities to enter the interstate. DO NOT TAKE THEM. Stay to your right until you come to the third light at Church Street South. Turn right onto Church Street South. At the next light, Lafayette Street, turn right again. The entrance to the parking lot is on the right.

Parking is $3.00 for the first hour and $2.00 each additional hour. We are

on the third floor, Suite 305

*** If using a GPS please put this address into the navigator:

126 Lafayette St.
New Haven, Ct 06519