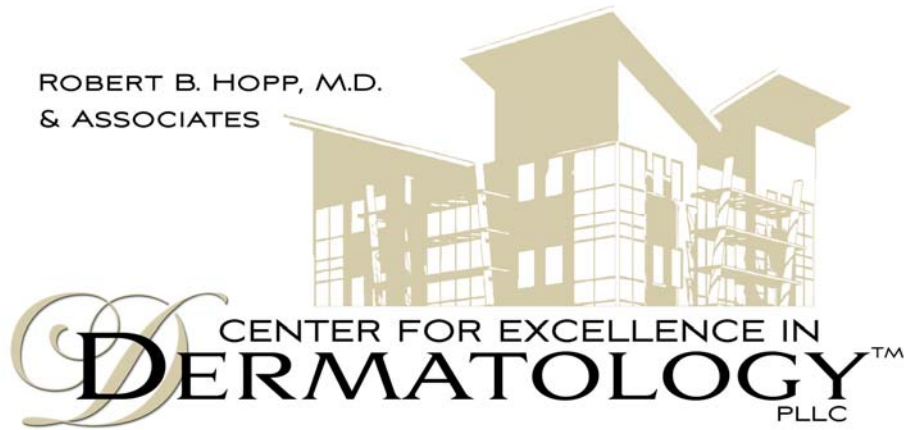


ROBERT B. HOPP, M.D.
& ASSOCIATES



PATIENTS WITH MEDICARE: PLEASE READ AND SIGN

Medicare will only pay for services that it determines to be “reasonable and necessary” under section 1862(1)(1) of the Medicare Law. If Medicare determines that a particular service, although it would be otherwise covered, is not reasonable or necessary under Medicare program standards, Medicare will deny payment for that service which does not mean that you should not receive it. There may be a good reason why it is recommended.

Each calendar year Medicare sets a deductible that is the responsibility of the patient. After the year’s deductible has been met, Medicare will pay 80% of the allowable charges. If you have a secondary insurance through one of the following companies, you may not be responsible for your deductible or coinsurance: Premera, Blue Cross, Asuris NW Health, Lifewise, First Choice Health, United Health Care, Uniform Medical, Cigna. Medicare may send your claim on to your secondary insurance, but you must set up this service with Medicare.

Therefore, I agree to be personally and fully responsible for payment. I request that payment of authorized Medicare benefits be made for any services furnished. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents for any information needed to determine these benefits payable for related services. I understand that Medicare may pay only The Center for Excellence in Dermatology for reimbursement of charges incurred at this office.

SIGNATURE: _____ DATE: _____

PRINT PATIENT’S NAME: _____

RELATIONSHIP TO PATIENT (IF SIGNED ON BEHALF OF PATIENT): _____