



## REFERRALS AND AUTHORIZATIONS

### Referrals

Dermatology is a specialty of medicine. Many insurances now require a referral from your primary care physician (PCP) in order to see a dermatologist. The following prefixes with Blue Cross Blue Shield (BCBS) require a referral from your PCP to see a specialist: BEG, BGL, and PGX. TRICARE Prime requires a referral from your primary care manager (PCM). Use of VA benefits requires referral/authorization from a patient's PCP from their VA facility. Some insurances may require a referral other than those listed above. Please confirm with your insurance whether a referral to a specialist is required.

It is your responsibility to make sure your referrals are current and active. If your referral is expired or inactive, the visit and/or procedure will not be paid by your insurance. Therefore, you will be responsible for any balances.

## COVERAGE OF DERMATOLOGY VISITS AND PROCEDURES

### Deductibles

A deductible is the amount of money that your policy states has to be paid yearly before they will pay for medical treatments. Certain procedures and surgeries performed in the office are subject to deductibles.

RRDL will try to determine what your insurance will cover depending on CPT codes for procedures/surgeries. If your deductible has not been met, you will be asked to pay the allowable fees for codes being utilized. If your deductible is met, we will file a claim unless it is determined by a phone call to the insurance plan that other payment is required. Some insurance policies state that no deductible is required and only require a co-pay for procedures. This usually applies to Medicare Advantage Plans.

Active Duty Service Members covered by TRICARE do not require a deductible. Retired Service Members usually require a deductible and will need to review the Humana Military website at [humanamilitary.com](http://humanamilitary.com) for further information.

By signing this form below, I confirm that above information has been explained to me in terms which I understand.

\_\_\_\_\_  
Print Patient or Guardian Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date