

## IN REGARDS TO YOUR APPOINTMENT

We would like to welcome you to The Skin Institute. Dr. Terracina and his Staff would like to thank you for choosing The Skin Institute for your dermatological care. We are committed to providing the best health care services to our patients offering the latest in technology for the treatment and management of dermatological, surgical and cosmetic procedures.

As part of our professional relationship, we would like you to review our medical and financial requirements and ask that you acknowledge your understanding by signing each. In order to efficiently process the initial paperwork, we are enclosing our patient information sheets, which can be completed in advance. These forms may be returned at your appointment time or rather can be completed online at [www.theskininstitute.com](http://www.theskininstitute.com)

The following items will be required upon your arrival:

- Insurance cards
- Photo identification or proof of identity
- Social Security number and date of birth for patient
- Social Security number and date of birth of the insured
- Medications and dosage presently being used
- Parent or legal guardian if patient is a minor
- Your payment in the form of cash, check, credit or debit card

If you find that you are unable to keep your scheduled appointment or need to reschedule at another time, we ask your consideration in giving us 24 hours notice. This will allow us to serve other patients in need in your appointed time. **We do charge a \$50.00 fee for ignored or forgotten appointments since revenue is lost and expenses are ongoing.** We do understand that emergencies situations can arise and reserve the right to adjust our policy accordingly.

### Non Discrimination Policy

As a recipient of federal financial assistance, Joseph R. Terracina, M.D., P.A. does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability of age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Joseph R. Terracina M.D., P.A. directly or through a contractor or any other entity with whom Joseph R. Terracina, M.D., P.A. arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84 and 91.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violation of the above, please contact:

Joseph R. Terracina, M.D., P.A.  
(662) 335-1103

Our office is located at 2525 Hwy 1 South, across from the Greenville Golf and Country Club.

Thank you for choosing our facility for your care. We pledge every effort to make your appointment a pleasant experience.

### ACKNOWLEDGEMENT:

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name If Not Responsible Party