



**JAMES R. WATT, D.O., F.A.A.D.**

Dermatology & Dermatologic Surgery

Diplomate, American Board of Dermatology  
Fellow, American Academy of Dermatology

Dear Patient,

Your signature on this form indicates that you are fully aware that Dermatology Centres, P.A. / Watt Dermatology are **NOT** participating providers with Your Primary/ Secondary insurance carrier.

If you have a Medicare Replacement or Advantage plan please be advised that while we will file and follow the Medicare Fee Schedule, it is possible that your Co Payments or Deductibles may be slightly higher. In the event that your card does not indicate an amount for your Co Payment, you will be billed accordingly.

Your Secondary insurance...if any will normally pay the 20% balance that Medicare does not cover. If we are out of network they *may* require you to pay a portion of the 20% after they have paid.

Please note, it is the sole responsibility of the patient to verify coverage and benefits. Please confirm with your carrier.

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Print Name

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Signature

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Date