



Bryn Mawr
DERMATOLOGY

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Welcome to our office. We would like to share the following department policies with you so that you understand your responsibility in reference to our policies.

REFERRAL POLICY:

If you do not present a valid referral at the time of your visit, we are not authorized by your healthcare insurer to render care. If you would like to be seen without a referral, payment for all services must be rendered at that time. You may also choose to reschedule your appointment at a future date so that you may obtain a referral. **It is your responsibility before your visit to verify that your paper or electronic referral is valid.** If you have questions or need assistance checking your referral, please call our office in advance of your visit.

CO-PAY POLICY:

All co-pays are due at the time of service. For your convenience we accept cash, check or credit card.

APPOINTMENT CANCELLATION:

Our office observes a 24-hour cancellation notice. If you are unable to keep your appointment, please call our office 24 hours prior to your scheduled appointment to cancel or reschedule. Failure to cancel or reschedule your appointment will result in a fee of \$25.00.

Your signature below signifies that you understand our policies and your responsibilities regarding charges incurred in this office.

Patient Name

Patient Signature

Date