



## ***Welcome to the offices of West Michigan Dermatology***

We have scheduled an appointment for you on:

PLEASE COMPLETE AND RETURN THE ENCLOSED INFORMATION IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE SO THAT WE CAN PRE-REGISTER YOU.

In addition to the registration paperwork for your minor we have enclosed, we would like to make you aware of the following office policies:

**Initial Visit:** Our office does **require** a parent or guardian to accompany the minor child to the initial appointment.

### **New Patient No-Show policy:**

As a new patient, we have reserved extra time for your first visit. If you need to cancel or reschedule your appointment, please call the office at least **48 hours prior** to your appointment time. If you "no-show" your appointment, you will not be eligible to make a new appointment.

### **Medical Information:**

- At every visit we need a list of all current prescription AND over the counter medications.
- A list of all medication allergies

Payment Information: Insurance is considered a method of reimbursing the patient for the doctor's services. It is not a substitute for payment. Please be prepared with the following:

- YOUR CURRENT INSURANCE CARD (for each visit)
- ANY COPAY APPLICABLE FOR A SPECIALIST OFFICE VISIT
- If you do not have insurance, a payment towards your account is required at each visit. Please contact our office for additional information.

### **Identity Theft Prevention Program:**

You will be asked to bring with you to EACH AND EVERY VISIT THE FOLLOWING:

- YOUR CURRENT INSURANCE CARD (S) and
- PHOTO ID

\*If you do not carry insurance – we may require that you provide one other form of identification Thank you for contacting our office for your dermatology needs. We look forward to seeing you soon.

The Offices of West Michigan Dermatology

#### **GRANDVILLE**

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#### **HOLLAND**

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#### **ROCKFORD**

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