<b>Escondido Dermatology Inc.</b> 504 W. Mission Avenue, Suite 101, Escondic	o, CA 🤉	<del>)</del> 2025
<b>(760) 747-1980;</b> (760) 747-2045 Fax		

IT IS PATIENT'S RESPONSIBILITY TO FURNISH THIS OFFICE WITH CORRECT OR NEW INSURANCE INFORMATION.

ANY UNPAID BALANCE FOR SERVICES DUE TO INCORRECT INSURANCE INFORMATION FURNISHED WILL BE THE RESPONSIBILITY OF THE PATIENT <u>AND THE PATIENT OR PERSON</u> RESPONSIBLE FOR THE PATIENT WILL BE BILLED.

PATIENT SIGNATURE	DATE	
PRINTED NAME		