Princeton Dermatology Associates PC
Dermatology and Dermatologic Surgery

5 Centre Drive
Suite 1A
Monroe Twp., NJ 08831
Phone (609) 655-4544
Fax (609) 655-2390

301 N. Harrison Street,
Suite 1E
Princeton, NJ 08540
Phone (609) 683-4999
Fax (609) 683-0298

2 Tree Farm Road
Suite A-110
Pennington, NJ 08534
Phone (609) 737-4491
Fax (609) 737-4496

I _____ understand that it is my responsibility to give my correct insurance information each and every visit. If failing to do this generates a bill from my insurance company**, payment will be my responsibility**. This also applies to any lab work that my doctor orders that may not be covered by my insurance.

I have read and understand the above information and agree.

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