

Please fill out the attached form(s) save it and return either by emailing ***as an attachment*** to wolfeform@piedmonthhealthcare.com or print out and fax it to 704-663-2178.

Please arrive about 15 minutes early. If you are unable to keep the appointment please give us at least a 24 hour notice. If we do not receive a 24 hour notice on a new patient we may choose not to reschedule.

Bring your insurance card and co-payment with you to your appointment. If your insurance company requires a referral you will need to obtain this prior to your appointment as well. If you are not sure if your insurance requires a referral you may call the telephone number listed on your insurance card or call our office at 704-663-2085 and give your insurance information and we will verify this for you. If you do not have health insurance you will be required to pay for the visit in full the day of your visit.

If you have any questions or concerns, please do not hesitate to contact our office. We look forward to meeting you and helping you with all your dermatology needs.