

**Co-Directors**

Phillip E. LeBoit, MD  
Timothy H. McCalmont, MD

**Dermatopathology**

Beth S. Ruben, MD  
Thaddeus W. Mully, MD  
Laura B. Pincus, MD  
Iwei Yeh, MD

**Immunofluorescence**

M. Kari Connolly, MD

**Molecular**

**Dermatopathology**

Boris C. Bastian, MD

**Oral Pathology**

Richard C. Jordan, DDS, PhD  
John S. Greenspan, BDS, PhD

A MESSAGE FOR THE PATIENTS OF DR. JEWORSKI & DR. WANG

Your oral & maxillofacial surgeon is sending your biopsy to the UCSF Dermatopathology & Oral Pathology Service for processing and expert interpretation. Please make sure your doctor has both medical and dental insurance you have, we bill both.

Your biopsy will be interpreted by our oral & maxillofacial pathologist, Dr. Richard Jordan. Oral pathologists are specialists in the microscopic diagnosis of oral and head and neck lesions. A report containing the diagnosis and microscopic findings along with information about your condition where appropriate will then be issued directly to your doctor.

In several weeks, you will receive a billing statement from our agent, PSA-McKesson Medical Billing located in South Carolina. The statement will outline the fees for our services, including the amount anticipated to be paid by insurance, and will specify which of our pathologists interpreted your biopsy. The total fee depends on whether one or several biopsies were submitted and whether any special stains or studies needed to be performed before making the final diagnosis.

If you have any questions regarding the charges that appear on the statement from **PSA – McKesson Medical Billing**, please call them toll-free at **866-932-6216**. Please have your statement, which includes your account number available at the time you make the call. If PSA is unable to answer your questions satisfactorily, please call our Client Service Unit at 415-353-7270.

I have read the notice and understand there may be a separate charge from UCSF Dermatopathology and Oral Pathology Service.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

1701 Divisadero Street  
Room 280  
San Francisco, CA 94115

Tel: (415) 353-7546  
(800) 497-0244  
Fax: (415) 353-7543  
Email: info@dermpath.us