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### Service Contract Agreement

The purpose of this contract is to outline the services to be provided by Dr. Robert a. Norman and his Associates to \_\_\_\_\_ and their residents.

Dr. Norman and his Associates agree to provide Dermatology services, including diagnosis and treatment of rashes, rosacea, psoriasis, scabies, eczema, wounds and other problems. Minor surgery, biopsies, electrodesiccation and curettage, and cryotherapy can be performed at the facility with consent.

Dr. Norman and his Associates agree to carry professional liability insurance, bill Medicare and Medicaid directly, and bill private patients directly. All biopsies will be read and interpreted by a Board Certified Dermatopathologist, and all copies of the biopsy reports will be sent to facility.

The facility shall supply access to charts, copies of progress and face sheets and any information required for the care of patients and billing purposes.

The above contract is based on a working in good faith of the support staff of the Facility and Dr. Robert A. Norman and his Associates. This contract shall be in existence of the period of 12 months from the date of execution hereof, and will be automatically renewable at the end of this time. Should either party wish to rescind this contract, 30 days written notification shall be given. The facility retains professional and administrative responsibility for the services rendered.

\_\_\_\_\_  
Dr. Robert A. Norman, DO, MPH  
Medicare #K2011  
Medicaid #066926100  
DEA # BN 3849378

\_\_\_\_\_  
DON and /or Administrator

Date \_\_\_\_\_

Date \_\_\_\_\_