



Joel Cohen MD · Michael Contreras MD · Samantha Stoler MD · Stephen Ho MD · J. Daniel Jensen MD
Physician Assistant Allen Markovic, PAC · Aesthetician Christine D'Ugo, MA, LA

www.aboutskinderm.com

Greenwood Village
303-756-7546

Sky Ridge Medical Center
303-799-4260

Patient Name: _____ Date: _____

AboutSkin Dermatology Office Policies

Thank you for choosing AboutSkin Dermatology for your dermatologic and aesthetic needs. Our providers are committed to your health, your treatment and your wellness. While we will provide therapeutic options, guidance and counseling, the achievement and maintenance of good health is ultimately your responsibility. Therefore, we expect all patients to follow the directions of their doctor(s) or provider(s). This means taking medications or supplements as prescribed, completing recommended testing as directed and in a timely fashion (i.e., lab work, x-rays, MRI's, and other imaging) within 1-2 weeks, and returning to our office for follow up at the specific recommended times (which may include discussion of any results received).

The following is an explanation of our office policies which we require you to read and sign prior to your office visit. All patients must also complete our patient demographic and health history form before seeing our providers. You will be asked to sign this form on a yearly basis as items may change periodically.

Photo Identification:

We require that each patient present a photo ID issued by a local, state, or federal government agency (e.g. a drivers license, passport, military ID, etc). This is necessary in order to verify your identity.

Insurance:

We cannot bill your insurance company without a copy of your insurance card. We will bill only insurance companies with whom we are contracted or from whom we have prior approval. Please remember that insurance is considered a method of reimbursing AboutSkin's fees, and is not a substitute for full payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the overall charge. It is your responsibility to know the type of plan you have and to pay any deductible amount, co-insurance, co-pay or any other balance not paid for by your insurance; payments are expected within a few weeks of your appointment. Please be aware that some, and perhaps all, of the services provided may be non-covered services and may not be considered necessary under Medicare and or other medical insurance. The balance of your bill for each visit will be your responsibility whether or not your insurance company pays for the services performed by AboutSkin.

Insurance Plans We Do Not Participate With:

If your insurance company is one with whom we are NOT contracted, full payment is expected at the time of service. However, we will be happy to give you a copy of your bill with the appropriate information regarding your visit for you to submit on your own to your insurance company.

Missed Appointments:

For missed appointments, our policy is to charge:

-\$40.00 for each General Dermatology appointments not cancelled at least 24 business hours prior to your scheduled appointment time.

-\$180.00 for Mohs Surgery appointments not cancelled at least 48 business hours prior to your scheduled appointment time.

-\$80.00 charge for Cosmetic appointments not cancelled at least 48 business hours prior to your scheduled appointment time. Some appointments require a deposit at the time of scheduling. The full amount of collected deposits for these specific appointments will also be forfeited if not cancelled at least 24 business hours prior to your medical dermatology appointment, and at least 48 business hours prior to your MOHS and/or cosmetic appointments. Please note that laser appointments specifically require a \$250.00 deposit. This deposit will be forfeited if not cancelled 48 business hours prior. These charges are solely your responsibility and not the responsibility of your insurance company. Additionally, if you arrive late for a scheduled appointment, we reserve the right to reschedule, and you would forfeit any deposit (if applicable).

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Payments:

We accept the following forms of payment: cash, personal checks, Visa, MasterCard, Discover and American Express. All returned checks are immediately forwarded to our collection agency, and you will be responsible for a **\$30.00 returned check fee in addition to the full amount of the original check.** In the event that your account is assigned to a collection agency, you will be responsible for any collection fees charged by the agency plus any other collection costs and reasonable attorney fees and court costs.

Referrals:

Generally, referrals need to come from your physician's office. To obtain pre-authorization for procedures, please contact your primary doctor's office at least two weeks prior to your appointment. It takes most insurance companies at least one week to receive the referral authorization. We advise that you personally check with your insurance company to ensure the referral is being processed. Please call us at least three business days prior to your appointment to check that your referral has been received.

Prescription Refills:

Please plan ahead for prescription refills. We ask that you contact your pharmacy five or more days prior to needing a refill. If you are out of refills, the pharmacy will contact our office for physician approval. Please Note: We will NOT refill narcotic prescriptions outside of normal business hours or on any weekends. We will not refill prescriptions if you are outside of your recommended follow-up window. As a general rule, no refills will be given for patients who have not been seen in the practice during the past 12 months for the specific prescription.

Calls to Medical Personnel:

Our primary goal at AboutSkin is to provide our patients with great care. Our medical staff is devoted each day to our regularly scheduled patients. Therefore, please understand when calling our providers or our medical assistants that they may not be able to immediately respond to your calls. All non-urgent calls will usually be returned by the end of the business day in which they are received.

Medical Record Request:

Medical record request can take up to 30 days to process, as some information has been archived.

Minor Patients:

All minors are required to have a parent or guardian present with them for each appointment. By law, we are required to have a consent from a legal guardian to provide treatment to a minor. If a parent or guardian is unable to attend the appointment with the minor, then a signed Authorization to Treat a Minor is required prior to the appointment (this can be found on our website). If a minor comes to the office unattended and we do not have a signed and dated authorization from the parent or guardian for a specific treatment, we will be unable to see the patient at that time, and the appointment will have to be rescheduled with a \$40.00 missed appointment fee applied.

Lab Results:

If you have labs or test reports at our office, please make sure to call if you have not heard from us within 7-10 days for your results. Please do not assume that your results are negative if you have not heard from us; it is possible that we have not received your results, or that we were unable to get into contact with you.

Annual Skin Cancer Screening Exams:

To ensure the best dermatological care, we strongly encourage our patients to have a full body check exam at least annually. If that exam cannot be performed at the initial visit due to the time needed to address your primary concerns, please make sure that you schedule an appointment as soon as possible.

Driver for Medical Procedures:

We recommend that you have a driver to transport you home after planned medical procedures, especially for Mohs surgery, laser resurfacing, and other larger procedures.

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Medical Emergencies and Vasovagal (fainting) episodes:

Patient understands that medical emergencies, while uncommon, may occur during or following their appointment. AboutSkin Dermatology will make efforts to prevent such emergencies by adhering to safe medical and surgical practices. It is the responsibility of the patient, or those who accompany the patient, to notify a staff member if they are experiencing any signs or symptoms consistent with a medical emergency (including, but not limited to: dizziness, shortness of breath, feeling of faintness, chest pain, etc). As an example, **vasovagal reactions (dropping of blood pressure and heart rate in response to anxiety or stress)** can occur during or shortly after a procedure resulting in fainting, loss of consciousness, seizure, and possible fall that could result in head injury. It is extremely important you inform your provider if you (or a person accompanying you) feel faint, cold, clammy, or otherwise unusual at any time during your visit. AboutSkin cares about each person's wellbeing and will try to provide medical care in these situations. The patient and their family releases AboutSkin from any liability for injury sustained during a medical emergency, including injuries from a fall. If the patient requires evaluation in the hospital or emergency setting, AboutSkin can perform temporizing therapies and request the immediate assistance of emergency medical personal.

Follow- up interval recommendation for skin cancer and atypical mole patients:

If you are diagnosed with a skin cancer or an atypical mole (dysplastic nevus), we recommend that you return at least every 6 months for a full skin check because of the increased risk of developing future skin cancers. The goal of the more frequent visits is to catch skin cancers early while they are small and hopefully treated more easily. Skin cancer, if not caught early, can be life threatening. In addition, we urge you to be diligent and perform monthly self-exams. Let us know immediately if you become concerned about a lesion, and then call to schedule a "spot check."

Agreement not to call upon AboutSkin providers to serve as expert witnesses for Worker's Compensation and Other Personal Injury Cases:

Please be aware that in order to provide care to all of our patients who in many cases schedule their appointments many months in advance, please be specifically aware that it is our policy not to testify in court, depositions, arbitrations etc. related to Worker's compensation and / or other personal injury action. By signing this form, you are agreeing to this specific policy for these circumstances. You agree that you will not call upon AboutSkin Dermatology physicians and/or providers to testify in Worker's compensation or other personal injury cases.

Release of Medical Information to Family members:

Release of Medical Information, including pathology results and general medical information to family members:

I give my permission to release my medical information to the following family members:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I do not want any information released to my family members: **INITIAL** _____

I hereby authorize payment directly to AboutSkin Dermatology and authorize the release of medical information necessary to process insurance claims. I understand that I am responsible to promptly pay for all medical services not reimbursed by my insurance. I voluntarily consent to treatments for myself and/ or dependent(s). I have read and understand the Office Policies of AboutSkin and my questions have been answered satisfactorily. I understand that this is a contract and I agree to these policies.

Print Name **Date of Birth**

Signature **Date**

Email Address