

OFFICE POLICIES

Welcome to the Laser and Skin Surgery Center of Northern California! We appreciate the opportunity to meet with you to discuss healthy skin and your skin care needs. We take pride in making your visit as pleasant and comfortable as possible. Please take a minute to review some basic **practice policies** :

OFFICE HOURS and TELEPHONE CALLS

Our normal office telephone hours are 8:30AM to 5:00PM Monday through Friday. We have additional office hours on Saturdays and some evenings by appointment only. The Laser & Skin Surgery Center has no phone service during these extended times.

If you need to speak with the doctor, our receptionist must take your name, telephone number, and the nature of your call. This enables the physician to have your medical record available when returning your call. After hour emergencies should be directed to our main number (916) 456-0400. The automated telephone system will instruct you how to reach your doctor. In a true, life-threatening emergency, please dial 9-1-1.

PAYMENT POLICIES

- We require **payment in full** at the time of service for all treatments and services.
- There is a \$300 consultation fee for new cosmetic consultations with Dr. Suzanne Kilmer, **\$200 consultation fee** for all other physicians or nurse practitioner, or \$150 with a physician assistant. The cosmetic consultation fee is applied toward the cost of a discussed cosmetic treatment for up to a year with that provider. The consultation fee cannot be used toward aesthetic treatments, skin care products, or general dermatology visits.
- There is a **\$50 consultation fee** for laser tattoo removal consultations; this consultation fee is applied toward the cost of laser tattoo removal treatment.
- There is a **\$50 consultation fee** for laser hair removal consultations; this consultation fee is applied toward the cost of laser hair removal.
- We are unable to estimate the cost of various procedures until the physician has completed an evaluation of your specific needs.
- Many procedures including, but not limited to Laser Resurfacing, Thermage, Ultherapy, miraDry, Coolsculpting, Fraxel, and Cellfina require payment in advance. **Payment is due in full two weeks prior** to the scheduled procedure in order to reserve your appointment time.
- For your convenience, you are able to make prepayments at our office, over the phone, or online.
- A **\$50 cancellation fee** will be charged for all appointments that are not cancelled prior to two business days of the appointment or 100% of the service fee for aesthetic services.
- Due to a limited schedule for Saturday appointments, there will be a \$100 non-refundable deposit for all laser nurse appointments upon scheduling. This deposit will apply toward your scheduled Saturday treatment, but will be forfeited if you fail to cancel your appointment two business days prior.

At your consultation, the physician will create a customized treatment plan, which will allow the physician to quote a fee for treatment, if applicable. We accept Master Card, Visa, American Express, Discover, cash, and personal checks. An additional fee will be added to your account for any returned check. We also accept CareCredit for amounts over \$200.

Effective August 1, 2019, we will not bill your insurance as we are no longer contracted with any insurance plans. Upon your request, we will print your receipt for your general dermatology service. You may choose to submit the invoice to your insurance company for reimbursement consideration. We recommend you call your insurance company to ask if your anticipated service is a covered benefit of your plan. Many of the procedures offered at the Laser Center are considered cosmetic and are not covered by insurance.

Accounts with **balances over 90 days old** will be transferred to a collections agency. In order to make an appointment after the account has been referred, the balance must be paid in full along with a reinstatement fee of 25% of the balance.

For your children's protection, children under the age of 12 are not allowed in the front reception area without adult supervision. *Children under the age of 12 are not allowed in the room during laser treatment unless they are a scheduled patient* .

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PATIENT HIPAA CONSENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information, but the Practice does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The Practice may condition receipt of treatment upon the execution of this Consent.

Do we have your permission to:

1. Leave a message on your answering machine or cell phone?
2. Discuss your medical conditions with any member of your household?
3. Contact you via email?
4. Send appointment reminders to your cell phone via text message?

Please electronically sign the above patient consent when logged into your Patient Portal account under Forms. By electronically signing, you are agreeing that you have read and understood this consent and agree to the terms.

If you are signing as the representative of this patient (guardian or power of attorney), please state relationship and sign electronically