

LASER & SKIN

Surgery Center of
Northern California

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 regular office telephone hours are 8:30 AM to 5:00 PM, 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 allows 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 our on-call doctor. In a true, life-threatening emergency, please dial 9-1-1.

Payments Policies—We require **payment in full** at the time of service for all treatments and services.

Consultation Fees

- There is a **\$200 consultation fee** for new cosmetic consultations with all physicians and our physician assistant and a **\$300 consultation fee** with Dr. Suzanne Kilmer. At your consultation, the physician will create a customized treatment plan, allowing the physician to quote a fee for treatment. The cosmetic consultation fee is applied toward the cost of a cosmetic treatment of **\$400 or more** and is valid for **six months**. The treatment will be scheduled with the provider that did the original consultation. The consultation fee cannot be used toward esthetic treatments, skin care products, or general dermatology visits.
- There is a **\$50 consultation fee** for laser tattoo and hair removal consultations, which is applied toward the cost of laser tattoo or hair removal treatment.

Pre-payments

- To reserve your appointment time for many procedures including, **but not limited to**, Laser Resurfacing, Thermage, MiraDry, Resonic, Fraxel, Cellfina, and Sofwave, **payment is due in full two weeks** before the scheduled procedure. The preferred credit card on file will be charged.
- All Telemedicine appointments with the doctor require a credit card to be placed on file upon scheduling to reserve your appointment time. The preferred credit card on file will be charged the day of the telemedicine visit.

Additional Fees

- A **\$50 cancellation fee** will be charged for all appointments not cancelled before two business days of the appointment. The preferred credit card on file will be charged.
- A **\$50 "no show" fee** will be charged for any missed appointments. The preferred credit card on file will be charged.

Payments and Financing

- For convenience, you can make prepayments at our office, over the phone, or online.
- 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.
- Financing available through PatientFi and CareCredit for amounts over \$200.00.
- Accounts with **balances over 90 days old** will be transferred to a collection agency. 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.

Miscellaneous

- Children under 12 are not allowed in the front reception area without adult supervision.
- Children under 12 are not allowed in the room during laser treatment unless they are scheduled patients.

PATIENT HIPAA CONSENT

Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. 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 healthcare operations. We are not required to agree to this restriction, but we shall honor that agreement if we do. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and healthcare 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 the patient can review this Notice.
- The Practice reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the use 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 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 agree 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 the relationship and sign electronically.