

NAME _____

Dermatology Center of Steamboat Springs Office Policies

Thank you for choosing Dermatology Center of Steamboat Springs (DCSS) for your health care needs. Our physician(s) and physician assistant(s) are committed to your health, your treatment and your wellness. However, 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 follow the directions of their doctor(s) or provider(s). This means taking medications or supplements as prescribed, completing recommended testing as directed (such as lab work, x-rays, MRIs, and other imaging), and returning to our office for follow up at the recommended times (which may include discussion of any results received). If you have labs or test reports at our office, please make sure to call if you have not heard from us within 14 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 in contact with you.

The following is a further explanation of our office policies which we require you to read and sign prior to any treatment. All patients must also complete our patient information sheet before seeing a provider.

Initial _____ Insurance:

We cannot bill your insurance company without a completed form and a copy of your insurance card. We are providers for multiple insurance plans, which include Medicare, Medicaid, Bright Health, Aetna, Anthem Blue Cross/Blue Shield, CIGNA, Cofinity, United HealthCare, Rocky Mountain Health Plan, CHP+ MCO, and Choice Care/Humana, however it ultimately depends on the plan you have chosen within these companies. It is your responsibility to contact your insurance to confirm that Dr. Eivins or our physician assistant are in-network or out-of network providers with your plan and whether or not pre-authorization is required. Please remember that insurance is considered a method of reimbursing Dermatology of Center of Steamboat Springs' fees and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay percentages 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 by your insurance. Please be aware that some and perhaps all of the services provided may be non-covered services and may not be considered medically necessary under Medicare, Medicaid, and/or other medical insurances. Colorado Law prevents us from offering discounts on co-insurance, co-pays, and deductibles unless it is based on financial need, which requires application and approval. The balance may be your responsibility whether or not your insurance company pays for the services performed by Dermatology of Center of Steamboat Springs.

Initial _____ Insurance Plans We Do Not Participate With:

For patients that have insurance for which we are not a provider, insurance that we do not accept, or those who do not have insurance, we ask for full payment at time of service. We would be happy to send you with a copy of your bill to submit to your insurance company. Payment arrangements can be made ahead of time with our office manager.

Initial _____ Payments:

We accept the following forms of payment: cash, personal checks, Visa, MasterCard, and Discover. All return checks are subject to a **\$30.00 RETURN 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.

Initial _____ Prescription Refills:

Please plan ahead for prescription refills. We ask that you contact your pharmacy three-five 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 weekends. We will not refill prescriptions if you are outside 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.

Initial _____ Calls to Medical Personnel:

Our primary goal at Dermatology Center of Steamboat Springs is to provide our patients with the best possible care. Our medical staff is devoted each day to our scheduled patients. Therefore, please understand when calling providers or our Medical Assistants/Registered Nurses 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, but may take up to 24 hours from which they are received.

Initial _____ Medical Records:

If you need medical records released to another physician or practice, please allow 2-3 weeks for processing. Our staff is devoted to our regularly scheduled patients. If the request is urgent we will do our best to get your records released quicker.

Initial _____ 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. 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 day(s) of treatment, we will be unable to see the patient at that time and the appointment will have to be rescheduled.

Initial _____ Annual Skin Cancer Screening Exams

To ensure the best dermatological care, we strongly encourage our patients to have a full body skin 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.

Initial _____ If I am diagnosed with a skin cancer or atypical mole (dysplastic nevus)

I need to return at least every 12 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.

Initial _____ HIPAA ACKNOWLEDGEMENT

I was presented with the opportunity to read Dermatology Center's Notice of Privacy Practices. I understand I will have access to my health information through the patient portal at steamboat.ema.md, and will be issued a user name and password, at my request, to access this information. I understand it is my responsibility to safeguard my user name and password. If it is lost or otherwise disclosed, my health information will be at risk, such as breach of confidentiality, identity theft and the like. By initialling, you acknowledge this information.

Initial _____ Notice of Discrimination

Dermatology Center of Steamboat Springs complies with the applicable Federal Civil Rights Laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Contact Information:

You agree, by providing us with your landline and/or cell phone number(s), you give express authorization to be contacted at those numbers, as well as authorize such contact by our agents and assigns. This express authorization also applies to any landline and/or cell phone number(s) you acquire in the future. We may also contact you by sending text messages or emails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. Providing your phone number(s) is not a condition of receiving our services.

If you have biopsies or lab results performed in our office we need your best contact information. Which is the best way to contact you? (Please check only one of the following and provide the information for only one of the following.)

- Phone Messages _____
- Text Message to Phone _____
- Email _____
- Letter _____

Is it ok to leave a detailed message including benign (non-cancerous results) on a voicemail or be sent in a text message?

YES _____ NO _____

I have read this disclosure and agree that I/we may be contacted as described above.

Signature

Date

Initial _____

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 _____

Patient Portal

Dermatology Center of Steamboat Springs has launched our new portal. If you are interested in logging on to your patient portal, speak with our front desk staff about getting a user name and password.

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

Printed Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____