



PATIENT CONSENT FORM AND FINANCIAL POLICY

Use and Disclosure of Protected Health Information

With my consent, Vanguard Medical Specialists, LLC (also referred to as “the Practice” within this form) may use and disclose protected health information (PHI) or individually identifiable health information (IIHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to the Practice’s Notice of Privacy Practices for a more complete description of such users and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Vanguard Medical Specialists, LLC reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Vanguard Skin Specialists, 9348 Grand Cordera Pkwy, Ste 160, Colorado Springs, CO 80924.

With my consent, Vanguard Medical Specialists, LLC may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Vanguard Medical Specialists, LLC may mail and/or e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that Vanguard Medical Specialists, LLC restrict how it uses or discloses my PHI/IIHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Vanguard Medical Specialists, LLC’s use and disclosure of my PHI/IIHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Vanguard Medical Specialists, LLC may decline to provide treatment to me.

Consent for Treatment

By signing this form, you are giving your permission for the doctors and staff of *Vanguard Medical Specialists, LLC* to treat you, including biopsy or procedure(s), as deemed necessary in the exercise of their professional judgment. This may include obtaining medical records from other doctors’ offices and medication history from external sources, e.g., Surescripts, pharmacies, etc. Medical care requires your cooperation, so it is important that you follow the doctor’s orders, prescriptions, make and keep appointments for follow up care (as indicated), and call the office to note any changes in or concerns about your condition.

Photographs

Your physician and the Practice may take photographs to record your surgery/procedure(s). Reproduction or publication of said photographs and recordings will be used for the purpose of medical/scientific study and research, education, before and after surgical portfolios, and/or documentation for your medical record.

Payment for service

The patient is responsible for paying the full amount for all services on the day of service, unless the Practice has an agreement with your insurance carrier. For insured patients, your share of the service, e.g., co-payments and unmet deductibles, will be collected upon check-in. Wound check and suture removal visits are billed visits, depending on the type of surgery and your insurance. **If you are in a grace period with your insurance carrier, we will collect payment on the day of your appointment for all services provided.** We accept cash, check, Visa, MasterCard, American Express and Discover.

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Please initial _____



Insurance claims

For insured patients, the Practice may release any information, including the diagnosis and the records of any treatment or examination rendered to you during the period of such medical care to third party payers, including Medicare. Your insurance company, in lieu of reimbursing you directly, will pay to the doctor or medical group any benefits for services rendered. Your medical insurance carrier may pay less than the actual bill for services, so you may be responsible for payment of all services rendered. As a courtesy, the Practice will file insurance claims with standard carriers. You are responsible for making available complete insurance information for accurate filing of claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. It is to your advantage, as well as your responsibility, to know and understand your medical insurance coverage. Not all services are a covered benefit in all contracts. Please call your insurance company to verify your benefits. As a courtesy, our staff verifies benefits for surgery, but there can be misquotes and or misunderstandings—insurance companies do not guarantee payment when we call for authorization. *You will be responsible for all fees not paid by your insurance company.*

Laboratory Fees

The practice may use an outside laboratory, for biopsies, wound cultures, and other incidental tests. For insured patients, we will provide the laboratory with your insurance information. You will receive a separate bill. Pathology services typically range from \$110 to \$250. The cost can be substantially higher if additional tests or a second opinion is required.

Referrals and Authorization

As a specialist, some insurance companies (particularly HMOs and Tricare) require that prior to any visit you must obtain an authorization or referral from your primary care physician. It is your responsibility to know if this is required for your insurance and if so, to procure the referral. If this is not done by the day of your appointment, you will be asked to either reschedule your appointment after contacting your primary care physician, or pay for the services at the time you are seen. If your insurance company rejects a claim because a valid authorization or referral was not in place, the full cost of the visit will be your responsibility.

Financial Assistance

For patients with financial need, we offer a financial assistance program for the treatment of skin cancers. Please ask a member of our staff for more information if you are interested.

ADDITIONAL CHARGES FOR WHICH YOU MAY RESPONSIBLE

Laboratory Fees

You may receive a separate bill. The pathology services typically range from \$110 to \$250 per specimen. The cost can be substantially higher if additional tests or a second opinion is required. For example, unusually complex case may require a special stain and/or second opinion which will significantly increase cost per specimen.

Scheduling fees

If you are unable to keep your scheduled appointment, please contact our office at least 24 hours in advance. We reserve the right to charge for any appointment which is not cancelled with proper notice. No shows will automatically be charged a \$25.00 fee. Additionally, ***we will not continue to see patients who have no showed 3 times.***

Unpaid account balances

We send patient statements monthly. All accounts unpaid after two statements will accrue an additional \$25.00 transfer fee and be transferred to our outside collections agency to manage the collections process. Any returned checks or cancelled credit card charges will incur a fee of \$25.

Patient agreement: *I have read the above form and agree to the terms stated. I hereby acknowledge receipt of Vanguard Medical Specialists, LLC's Notice of Privacy Practices. I realize that payment is my obligation regardless of insurance or third party involvement.*

Name (printed)

Signature

Date

Revised: 03/09/2017