VANGUARD
SKIN SPECIALISTS

DERMATOLOGY • DERMATOPATHOLOGY • MOHS SURGERY • PLASTIC SURGERY • AESTHETICS

PATIENT CONSENT FORM AND FINANCIAL POLICY

Use and Disclosure of Protected Health Information
Vanguard Medical Specialists, LLC (also referred to as "Vanguard") 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). I consent to Vanguard's use and disclosure of my PHI/IIHI to carry out TPO.

Please refer to the Practice's Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to obtain a copy of my medical records by sending the practice a written request. I may also access my records through the online patient portal if I choose to use it.

I have reviewed the Notice of Privacy Practices prior to signing this consent. Vanguard reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained upon written request to Vanguard Medical Specialists, 9348 Grand Cordera Pkwy, Ste 160, Colorado Springs, CO 80924.

With my consent, Vanguard may call or text my home or other designated location, including my emergency contact if I cannot be reached, 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 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 statements. Email that contains PHI is unencrypted. Vanguard will email me a skin tips newsletter, to which I may unsubscribe with one click at any time.

I have the right to request that Vanguard 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 until other written notice is given.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. Vanguard reserves the right to decline treatment for patients who do not sign this consent form.

Consent for Treatment
By signing this form, you are giving your permission for the doctors and medical providers 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 Vanguard 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 deposits toward unmet deductibles, will be collected upon check-in. The Practice does not balance bill. The Surprise/Balance Billing Disclosure Form is available at all front desks and at www.vanguardskin.com. 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, Discover, and American Express.

Next Page ⟶

Please initial _____

Insurance claims
For insured patients, Vanguard may release any information, including the diagnosis and the records of treatment or examination rendered to you during the period of such medical care to insurance payers, including Medicare. Your insurance company, in lieu of reimbursing you directly, will pay to Vanguard any benefits for services rendered. Your insurance may pay less than the actual fees, so you may be responsible for payment of all services rendered. You are responsible for providing complete insurance information on the date of service so that Vanguard can submit accurate claims. Reduction or rejection of your claim by your insurance does not relieve your financial obligation**.** It is to your advantage, as well as your responsibility, to know and understand your insurance coverage. Not all services may be a covered benefit. **Dermatology is not considered preventative by most insurance carriers.** As a courtesy, Vanguard verifies benefits for surgery, but there can be misquotes or misunderstanding—insurance companies do not guarantee payment when we call for authorization. You will be responsible for all fees not paid by your insurance company.

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 uninsured patients with financial need, we offer a financial assistance program for the treatment of skin cancers and breast cancer reconstruction. 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 for lab services. If your insurance requires an outside lab, Vanguard will use an outside laboratory, for biopsies, wound cultures, and other incidental tests, and we will provide the lab with your insurance information. 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. Unusually complex case may require a special stain and/or second opinion which will significantly increase cost per specimen. If you have questions about outside lab statements, please contact the lab directly.

Scheduling fees
If you are unable to keep your scheduled appointment, please contact our office at least 48 hours in advance. We reserve the right to charge $50.00 for any appointment which is not cancelled with proper notice. Surgery and patch appointments that are not cancelled with proper notice will be charged $250.00. Additionally, ***we will not continue to see patients who have no showed, cancelled or rescheduled within 48 hours of their appointment 2 times.***

Unpaid account balances
We send patient statements monthly. All accounts unpaid after three statements may accrue an additional $25.00 late fee and be transferred to our outside collections agency to manage the collections process. These patients may be required to pay any patient responsibility at time of service for all future visits. Any returned checks or cancelled credit card charges will incur a fee of $25.00

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.* ***Signing of the consent is acceptance of all terms as they are written. No amendments or modifications will be granted.***

Name (printed)	Signature	Date