VITALITY
INTEGRATIVE SKIN CLINIC
Blending Conventional and Functional Medicine for the Best You

Office Policies

CONSENT FOR MEDICAL TREATMENT and OFFICE POLICIES

I voluntarily consent to medical treatment and diagnostic procedures provided by **Erin Bishop FNP-C** and all other personnel.

Medical procedures that may be included in my visit are cryotherapy, skin biopsies, inter-muscular injections, and inter-lesional injections.

Cosmetic/Aesthetic procedures that may be included in my visit are medium depth chemical peels, neuromodulators, fillers, PRP and/or microneedling.

I consent to the testing for infectious and other diseases as deemed advisable by my provider.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made as to the result of treatments, testing or examinations.

I agree that all information I convey is accurate.

CANCELLATIONS

Late cancellations (less than 24 hours) and missed appointments will result in a $100.00 charge. You receive daily reminders starting 3 days prior to your appointment. Please plan according.

PAYMENT

Payment of copays, coinsurance, and unmet deductibles are due in full at the time of service by cash, check, HSA, credit or debit card.
Checks returned for non-payment will be charged $25.00 plus any bank charges incurred as a result.

INSURANCE

I am a preferred provider with PacificSource Health Plans (excludes OHP), First Choice Health, Aetna, Moda, Providence and Regence BCBS. As of now, I am out-of-network with all other insurances. If you don't have insurance at all or you are out-of-network with me, you will be responsible for payment at the time of visit. I will provide you with a discount and a bill to submit to your insurance company for reimbursement if applicable. **You are responsible for knowing what your out-of-network coverage is**. I am "OPT out" with Medicare and **I can not bill Medicare** or give you a bill for reimbursement per Medicare guidelines. Medicare patients will be considered self pay and be responsible for the payment at the time of visit. A discount will be given to anyone that is paying upfront for their visit as this saves me administration and billing time and fees. Please

contact your insurance company prior to your visit for any questions about reimbursement.

OFFICE

The Micro-practice Model: We operate with little to no employees and low overhead to enable longer appointment times and an individualized plan of care. To be able to continue this model we ask:

- Appointments are best booked by you on my website. Pick a time that works for you and request it. You will be notified within 48hrs if the appointment time was approved.
- Please be respectful of both the provider and other patients time and arrive for your appointments in a timely manner.
- Frequent phone calls or phone calls of longer than 10 minutes will be seen as telemedicine and a fee may be charged.
- Medical care is not provided by email or the patient portal. You'll need an appointment.
- The patient portal is the best way to communicate with the practice. I am seeing patients all day and am devoted to giving my full attention. Portal messages will be answered within 48 business hours.
- Record copying is $25 plus applicable postage.
- **WE DO NOT REFILL PRESCRIPTIONS BETWEEN APPOINTMENTS.** Medication refills are done at the time of appointment only. This includes pharmacy refill requests. Please plan accordingly. If you only have 1 refill left, it's time to make an appointment.
- Completion of any medical forms will be done during office visits.

LABS

All lab results will be discussed at your next office visit. Please plan appropriately for a follow up visit when labs have been ordered. I want you to have a thorough understanding of what's going on in your body. We will need to work together to make a plan. Telemed visits are available after your initial in-person visit, and is usually covered by insurance.

SUPPLEMENTS

We recommend high quality clinical strength nutraceuticals that have been studied and third party tested. We do not recommend ordering supplements from Amazon as there is a black market on supplements and quality has proven to be compromised.

EMAIL AND TEXTING

I understand my protected health information (PHI) may be transmitted via email, fax, cell phone, cell phone/computer application and/or other electronic means of communication. I understand that once my PHI leaves the office of **Vitality Integrative Skin Clinic,** the privacy of my PHI is not guaranteed. I understand and assume the above risk.

PAYMENT AGREEMENT

I guarantee payment of all charges. I understand that I am responsible for any and all charges. I assign my rights in any insurance benefits or other funding to **Vitality Integrative Skin Clinic**. If you have a high deductible plan, payment will be collected at the visit as required by your insurance plan. In the event that this account is placed with a collection agency or attorney for collection, I shall pay all collections fees and costs, including reasonable attorney's fees.

HOSPITALIZATION

I do not have privileges at the hospital and do not provide inpatient care. Should the need for hospitalization arise, the hospital will assign a physician to care for you during your hospitalization. I will assist with coordinating care with hospital physicians.

EMERGENCY CARE

This facility is not designed to respond to emergency situations. If you have an emergency, please call 911 or go to your nearest emergency room.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES and AGREEMENT TO COMPLY WITH ABOVE POLICIES

I have reviewed the Notice of Privacy Practices and Disclosures. The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. A current copy of the Notice is posted in a visible location on the practice website (vitalityskinclinic.com). I understand that I can request a copy of the Notice.

Name: _____Date: _____

Signature: _____

Please keep a copy of this document for your records as it explains our policies

MEDICAID/MEDICARE PATIENTS

I understand that Vitality Integrative Skin Clinic is not a participating provider with Medicare or Medicaid. By signing below, I acknowledge that I am aware that I am responsible for paying all office visits at the time of service. Some or all of the lab tests ordered may or may not be covered under my insurance. I also understand that I am not able to submit a bill to Medicaid/Medicare for reimbursement under the CMS (Centers for Medicare and Medicaid Services) guidelines.

Name:_____Date:_____

Signature:_____