

Returning Patient Information

Patient Name				Date	
Address				Best Contact Number	
	Race		Ethnic Group		Language
Declined American Ind Asian Black or Africa Native Hawai White Other Race	an America		Declined Hispanic or Latino Not Hispanic or Latino	-	
Pharmacy Name					
City					
Cross Street(s)					
Primary Care Phy	_/ sician				
Address/City					
Phone/Fax					
Sign Me Up for P	ortal	(Email required)	Yes No Alı	ready Signed Up	
Email Address					



Patient Communication & Financial Policies

The Following are internal policies set in place by the administration of Forefront Dermatology, S.C., d/b/a Premier Dermatology ("Forefront"). Signature is required before services can be provided.

Patient Communications: Confidential messages may be left on your voicemail or answering machine at the preferred number(s) you have provided to Forefront or with a friend or family member who answers the telephone at one of the preferred numbers or at your residence and who can verify your address and date of birth. Such message may include, without limitation, reminders of upcoming scheduled appointments information regarding your pathology or laboratory tests, billing information, or answers to medical questions you may have inquired about to our staff. Forefront may also communicate with you via e-mail, text message, or post card to your home address provided such method complies with applicable HIPAA communication standards. You understand that you are not required to agree to this provision in order to receive treatment.

Research: I authorize Forefront to contact me regarding any research study in which I may be eligible to participate relating to my care.

Insurance Filing: As a courtesy we will bill your insurance company for charges incurred at our clinic. Please remember your health insurance is a contract between you and your insurance company. Our office will make two attempts to settle any outstanding bill with your insurance company. If your insurance deems a service to be not covered by your insurance plan you will be responsible for the balance of this service and you expressly agree to pay for such non-covered services. Claims not paid by your insurance carrier within 90 days will be considered a non-covered service. We will furnish information required by the insurance company to receive payment. Benefits should be paid directly to the Practice from your insurance company, if your insurance company pays copays, coinsurance, or other similar charges. I hereby assign to Forefront all my rights and claims for reimbursement under my health insurance policy. I agree to provide information as needed to establish my eligibility for such benefits.

Bad Debt & Bankruptcy Account Status: I realize that if my account is in bad debt or bankruptcy status I will be required to pay \$150.00 prior to my scheduled appointment. This payment will serve as a down payment toward services to be rendered at the future encounter. If, after the provider has billed for services and/or the insurance has responded, the practice determines that I do not owe the \$150.00 for the current encounter (and if I am not currently under bankruptcy or any other insolvency protection from collection on past debt) the practice will review my account to see if I owe a balance on any other recent encounters or if I owe anything to Americollect, the practice's collection agency. If it is determined that I do owe on past balances and am not protected from collection by applicable law, the practice will apply the remaining amount towards such amounts owed. If I owe less than what was overpaid on the account a refund will be returned to me for the appropriate amount. I realize that if my account is sent to collections, Forefront may alternatively elect to dismiss me as a patient from the practice. If I pay off my account with Americollect, my account will be returned to good standing status with the practice and I will not be required to pay \$150.00 prior to appointments unless I am placed into collections in the future.

<u>Non-sufficient Funds:</u> A \$35.00 charge will be added for any non-sufficient funds notice from the bank. If your account is sent to collections and we have to litigate in court, your visit/s with our office may become a matter of public record.

ALL patients must answer	

At this time I,	_ represent and warrant
(Print Your Name)	
that I (DO) or (DO NOT) have Medicaid health insurar (Circle One)	ace coverage.

If we find at a later time that you did not provide accurate information above, you will be responsible for the balance of the charges incurred. It is your responsibility to inform our office if you acquire any type of Medicaid coverage at a later time. If you don't provide the updated information to our office you may be responsible for the balance of your bill. Not all locations and providers participate in Medicaid programs. The patient will be responsible for the full amount of services provided when this circumstance is applicable.

Final charges will be determined after the provider sees the patient and a complete assessment is made. The provider may require payment in full for procedural services prior to rendering such a service. Additional fee information is available upon the patient's request. A statement with the balance due for services provided will be mailed to you within a few days. If the balance is paid in full within two weeks from the date of the statement, a 20% discount for cash/check or a 15% discount for credit card will apply. This discount does not apply to *Cosmetic procedures and injectables*.

<u>Co-payments, Co-insurance, Deductible, & Cosmetic Procedures:</u> Payment is due on the date of service prior to seeing the provider. Deductible amounts may be collected prior to the physician completing the service. Payment for a cosmetic procedure is due in full prior to treatment. There are no returns on cosmetic products sold unless such products are defective or, in the opinion of your provider, caused an adverse reaction.

Procedure Pricing

I understand that procedure estimates are only provided in writing. Written estimates must be requested prior to the appointment.

X Signature of Patient or Legal Representative	Date of Birth	/until revoked Date	
-	Relationship to Patient	Updated 1/15/2019	



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT OF RECEIPT

Patient Name (PLEASE PRINT)	Date of Birth

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" (the "Notice") of Forefront Dermatology, S.C., d/b/a Premier Dermatology, Our Notice provides information about how we may use and disclose your protected health information d/b/a Pr We

We encourage you to read it in full.	low we may use and o	disclose you	ur protected health inform	nation.		
Our Notice is subject to change. If we change our Notice, yo our practice at 855-535-7175.	ou may obtain a copy	of the revis	sed Notice by contacting			
Please note that Forefront Dermatology may communicate with you i	n the following ways	, unless you	u instruct us otherwise:			
 In Forefront Dermatology's discretion, a confidential message preferred number(s) indicated below or with a friend or fami numbers or at your residence and who can verify your addre limitation, reminders of upcoming scheduled appointments i billing information or answers to medical questions you may 	ily member who answ ss and date of birth. S nformation regarding	vers the tele Such messa g your patho	ephone at one of the prefe ge may include, without blogy or laboratory tests,			
Preferred Number	☐ Mobile (cell)	Work	Home			
Preferred Number	☐ Mobile (cell)	Work	☐ Home			
Preferred Email Address						
 Forefront Dermatology may also communicate with you via such method complies with applicable HIPAA communicati 		, or post car	rd to your home address p	provided		
• Unless you check below, you specifically authorize and give calls—including, but not limited to, voice and short message from or on behalf of Forefront Dermatology and its representabove or an appropriate e-mail address, not only in order to the availability of pathology or laboratory results, but also for services that may be of interest to you. Forefront Dermatology advertising messages. You understand that by providing you Dermatology, you consent to being contacted using the above to sign this agreement in order to receive treatment. You furthat your consent is not a condition of purchasing or using an	e service (SMS) text resident tatives at the resident communicate appoint or marketing or adver gy may receive direct ar telephone number a re-described methods ther understand that y	messages and tial or cellust timent reminitising messes or indirect and/or e-mander. You undergou are not	nd other electronic messal lar telephone number pro- nders, and notifications re- ages offering products or payment for these marked ill address to Forefront restand that you are not re- required to give this cons-	ges— ovided egarding eting or quired		
Marketing Related Opt-Out: (Check all that apply)	Marketing Related Opt-Out: (Check all that apply) Do Not Text Do Not Email					
 If you have any questions about our Notice, please contact o compliance@forefrontderm.com 	ur compliance depart	ment – Pho	one: 920-663-0505, e-mai	1:		
I acknowledge receipt of Forefront Dermatology's Notice of Privacy may communicate with me, as stated above.	Practices. I understar	nd and agre	e to how Forefront Derma	atology		
X						
(Signature of Patient or Legal Representative) Parents may not sign for children over the age of 18.	Date					
If signed by someone other than patient, indicate relationship:				_		
Print name (Legal representative)				_		
For Office Use Only						
Complete this section if this form is not signed and dated by the patient or p	patient's representative.					
Reasons why the acknowledgement was not obtained:						

Patient refused to sign this Acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices. Other Date Employee Name



Office Policy

Welcome!

We look forward to seeing you for your appointment. Enclosed you will find information forms that we would like you to complete prior to your first visit. Please mail them back to use or bring them with you for your appointment. Your clear understanding of our office policy is important.

Your First Visit

Please bring your insurance card on your first visit so that it may be copied for your file. It is a good idea to bring your card to every appointment. If your insurance ever changes, it is especially important to let us know and bring your new card. Please arrive 15 minutes before your first appointment so that all paperwork can be completed.

Contracted HMO and PPO Plans

If our physicians are covered providers in your PPO or HMO plan, any co-pay or deductible is due at the time of service. The balance of your bill will be billed to your insurance, if your HMO requires a referral form from your primary physician; it is your responsibility to have this by the day of your visit. If an appropriate referral is not provided, we cannot bill your insurance and you will be fully responsible for the bill at the time of service.

Non-contracted Insurance and Self-Pay Patients

If our physicians are not contracted with your insurance plan or you do not have health insurance, full payment is due at the time of service. We will provide you with a receipt in which you may use to file the insurance claim yourself.

Medicare

Our physicians are Medicare Providers and we do accept assignment on covered services. All Medicare patients are responsible for their 20% co-insurance and annual deductible and these are due at the time of service.

Non-Covered Services

Cosmetic procedures and other medically unnecessary services will not be billed to your insurance and are the patient's responsibility for payment in full at time of service.

Minor Patients

All minor patients (less than 18 years of age) must be accompanied by their parent, grandparent, or legal guardian on their first visit. If under the age of 16, the patient may only be seen with a parent, legal guardian, or grandparent present. Surgical or laser procedures as well as any Accutane related visits must have a legal guardian present if the patient is under the age of 18.

Payments

Payments may be made by cash, check, Visa, MasterCard, or Care Credit. Payments greater than \$200 will not be accepted in cash. A cashier's check or money order will be accepted in lieu of cash.

Missed Appointments

If you are unable to keep your appointment please notify our office at least 24 hours in advance. Failure to provide 24 hour notice will result in a no-show charge and will be collected to the extent permitted by law or applicable payor contracts. The no- show fee is \$50 for a Monday-Friday regular medical visit and \$100 for Saturday appointments. The no- show fee is \$99 for a cosmetic consultation and \$250 for a cosmetic procedure. No-show charges are not billable to your insurance.

Scheduling

Patients are not always called in order of arrival due to the fact that appointments may be with any one of our providers, nurse, or the clinical staff. We make every effort for you to be seen at your scheduled time; however, unforeseen emergencies or complicated or unusually ill patients may cause us to run behind. Please be understanding in that someday your emergency or illness may affect others.

Children

Please do not leave children under the age of twelve unattended in the waiting room.

X	 	 Today's Date	



Premier Dermatology invites you to join our patient portal. Access your health information... Anytime. Anywhere.



- Request Medication Refills (Health Summary tab)
- View Clinical Summary (Visit/Results tab)
- View Health Summary
- View and Confirm Upcoming Appointments
- Request Updates to Your Information

What is a Patient Portal?

A patient portal is a secure online website that gives you convenient 24-hour access to your personal health information and medical records—called an Electronic Health Record or EHR—from anywhere with an Internet connection.

Why is a Patient Portal Important?

Accessing your personal medical records through a patient portal can help you be more actively involved in your own health care. Accessing your family members' health information can help you take care of them more easily. Also, patient portals offer self-service options that can eliminate phone tag with your doctor.

What if I don't receive a registration email?

Be patient. The emails may take a few minutes to deliver. You may also check your junk mail or spam folders to see if the email was routed there by mistake. If necessary, you can call the office to re-send the registration email. Also, failure to register your portal account within three days will inactivate your registration. If this happens, please contact the office to send you a new registration.

Is my Information Safe?

Yes. Patient portals have privacy and security safeguards in place to protect your health information. Always remember to protect your user name and password from others and make sure to only log on to the patient portal from a personal or secure computer.

www.healthportalsite.com

Provide us with your preferred email address so we can give you access to the Patient Portal



A Portal Registration email is automatically sent to you containing a registration link



Click on the registration link



Enter the requested personal information to verify your identity



Follow the instructions for creating a user name and password



Confirm your personal and insurance information on the next screen



EXPLORE!