Rejuvenate yourself
Renuka H. Bhatt, M.D.S.C.

Fine Skin Dermatology

General, Cosmetic and Surgical Dermatology, Skin Cancer Surgery, Laser Center & Medical spa

Authorization and Consent to Participate in Telemedicine Consultation

Purpose: This form is intended to obtain your permission to participate in a telemedicine consultation.

Introduction: Telemedicine is the use of telecommunication equipment to enable healthcare providers at a different location to provide health care treatment to you and/or consult with you and healthcare provider about your healthcare options and decisions. Telemedicine consultations are not the same as direct patient/healthcare provider visits, as you will not be in the same location as the provider. Telemedicine allows Renuka H Bhatt MD SC to provide services to you that may otherwise require you to travel to the office and bill your insurance and/or you. Your participation in any telemedicine consultation is completely voluntary.

Process: By signing this form, you are acknowledging that you understand the following:

- Details of your medical history, including but not limited to, images, x-rays and tests may be shared electronically and discussed with the provider.
- Video, audio and/or photo recordings may be taken during this procedure to aid in documenting the progress of your treatment.
- The responsibility of the consulting provider regarding your health care will terminate upon conclusion of the teleconference.
- Your provider will keep record of all telemedicine consultations.

Possible risks: By signing this form, you are acknowledging that you understand the following:

- Despite our best efforts to protect the privacy of patient information, security protocol could fail causing a breach of privacy of personal medical information.
- Information provided by telemedicine to the provider may be insufficient to allow for treatment and general medical care decision to be made.
- Delays in medical evaluation and treatment may occur due to failures of electronic equipment.

Consent: By signing this form, you are consenting to participate in telemedicine consultation. You are acknowledging that you have read and understand the provisions in this form. You are acknowledging that your healthcare provider has explained to you how telemedicine telecommunication works. You acknowledge that your insurance will be billed for this service and that you will be responsible for any balance associated with any telemedicine visits.

I hereby consent to participation in a telemedicine consultation.

_____ ____/____/_____
Patient name **Date of birth**

_____ _____
Signature (if patient is a minor guardian must sign) **Relationship to the Patient**

___/___/_____
Today's Date

Rejuvenate yourself
Renuka H. Bhatt, M.D.S.C.

Fine Skin Dermatology

General, Cosmetic and Surgical Dermatology, Skin Cancer Surgery, Laser Center & Medical spa

MIPS 2022

Name: _____ **Today's Date:** ____/____/_____

Date of Birth: _____ **Age:** _____

Primary Care Physician name: _____ **Address:** _____

City: _____ **State:** _____ **Zip code:** _____ **Phone:** _____ **Fax#:** _____

1) Have your current medications changed, RX or Dosage? _____
2) Have you been diagnosed with Melanoma in the past? _____
3) If yes was your Melanoma treated? _____Were you notified of your Melanoma within one month of your biopsy? _____ Stage _____
4) If you are over the age of 18 have you ever been diagnosed with Melanoma in the past? _____stage: _____
5) If yes was your Melanoma treated? Were you notified of your Melanoma within 1 month of the biopsy?_____
6) Did the doctor give an order for an MRI/CT scan? _____ If yes, which one? _____
7) If you are over the age of 18, do you smoke? _____ How many cigs or packs in a day? Are you in the process of quitting or have you already quit? _____
8) If you have had a biopsy done were all results clearly communicated to you and your PCP? _____
9) Have you had a TB test (tuberculosis) in the last year? _____ Positive_____ Negative_____
10) If you are between the ages of 12 and 18, do you smoke or vape? Yes or NO If yes are you in the process of quitting, or no have you quit already? Yes or No How many cigarettes or pack a day? _____
How much vaping in a day? _____
11) Do you have psoriasis? _____ If yes what percentage of your body is covered with Psoriasis? _____ %
If you are on a systemic treatment, what percentage of improvement have you seen? _____%
12) Have you ever received the Flu vaccine? YES or NO Was it between the month of October thru March? YES or NO
If you answered no to vaccine, explain: _____
12) If you are over 65, Have you ever received a Pneumonia Vaccine? _____ If yes what was the date? ___/____/____
13) BMI (Body Mass Index) Height _____ Weight _____ Within Normal Range _____
Above Normal Range _____ Below Normal Range _____
14) If you are over the age of 18, please answer the following questions. Do you drink any form of alcohol? Yes or No
How many alcoholic drinks per day? Have you ever received counselling for your drinking? YES or NO

Rejuvenate yourself
Renuka H. Bhatt, M.D.S.C.

Fine Skin Dermatology

General, Cosmetic and Surgical Dermatology, Skin Cancer Surgery, Laser Center & Medical spa

In an effort to make sure we have the most current information; we ask that you please complete the following:

Patient Name: _____

Street address: _____

City: _____ **State:** _____ **Zip code:** _____

Primary contact phone #: _____

Is this your home or mobile #? _____

If we can contact you at work, please provide your

Work phone #: _____

Thank you,

Fine Skin Dermatology

Office Policy

Welcome! We ask that you take a few minutes to familiarize yourself with the following office policies:

Your First Visit
Please bring your insurance card, identification card and a list of current medications. We do request that you bring this information at each visit. If your insurance coverage ever changes, it is important that you let us know and bring your new card.

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. Minors under the age of 16 may only be seen with a parent, grandparent or legal guardian. Surgical or laser procedures as well as Accutane related visits must have a legal guardian present if under age of 18.

Contracted PPO and HMO Plans
If our providers are covered in your PPO or HMO plan, any co-payor deductible is due at the time of service and will be collected prior to being seen. The balance will be billed to your insurance. If your HMO requires a referral form from your primary care 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 the service.

Missed appointments
If you are unable to keep your appointment, please notify our office at least 48 hours in advance. Failure to provide 48-hour notice will result in a no-show charge. The no-show charge is $50 for appointments Monday-Friday before 5 pm and $100 for appointments 5 pm or later, Saturday and all cosmetic appointments. No show charges are not billable to your insurance.

Self-Pay patients and Non-contracted Insurance
If our providers are not contracted with your insurance plan or you do not have health insurance full payment is due at the time of service.

Bad Debt Account Status
If your account is past due or is placed with our collection agency, we require payment in full prior to scheduling an appointment. Accounts placed with collections will require an additional down payment of $150 prior to a scheduled appointment.

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

Financial Responsibility
A $50 charge will be added to your account for any non-sufficient funds notice from the bank. You are responsible for all legal fees including attorney or collection fees if your account is placed in collection.

Non-Covered Services
Cosmetic procedures and other medical services, not covered by your insurance are the patient's responsibility, requiring payment in full at the time of service.

(Signature of Patient or Legal Representative) **Date**