



vibrantSkin

DERMATOLOGY AND LASER

Notice of Services

As you are aware, VibrantSkin Dermatology and Laser, PLLC (VIBRANTSKIN) is a cash only medical practice. We request that you read and agree to the following:

PAYMENT:

Payment in full is due *before* time of service.

We do not accept Medicare, Medicaid or any other form of insurance. If you are on any form of Medicare, we cannot see you at this office for any non-cosmetic services until after January 1, 2018. Please schedule with Dr. Buster at Center for Dermatology prior to that time.

When your appointment is scheduled, we can accept payment or we can send you an invoice to be paid before your appointment or upon arrival at our office. We require a credit card to be on file prior to first visit. Any additional charges will be discussed with you before charging your credit card.

Missed visits without 24-hour notice will result in a charge of \$100.00 or the cost the visit—whichever is less.

According to Federal Law, any patients on Medicare, including Medicare supplements, must sign a private contract before being treated at our office. If you are eligible for Medicare, or become eligible for Medicare while being our patient, (on or after January 1, 2018) you will sign a separate agreement. After January 1, 2018, our private contract for Medicare beneficiaries can be found on our website and every two (2) years you will be required to sign a new contract.

Therefore, you have been informed that neither VIBRANTSKIN, nor DR. BUSTER participates in any health insurance, HMO plans or panels. You have also been informed that DR. BUSTER has opted out of Medicare as of January 1, 2018.

VIBRANTSKIN does not make any representations that any fees paid to VIBRANTSKIN are covered by your health insurance or other third party payment plans that apply to you.

Again, you understand that DR. BUSTER will be opted out of Medicare as of January 1, 2018, and as a result, Medicare cannot be billed for any services performed for you by DR. BUSTER at VIBRANTSKIN. You agree not to bill Medicare or attempt Medicare reimbursement for any such services.

COMMUNICATIONS:

Please tell us how you would like us to communicate with you and we will make all reasonable efforts to accommodate. All communications with VIBRANTSKIN may become part of your medical record and some communication may contain private protected health information (PHI). However, electronic communications may not always be safe nor secure. Communications with anyone at VIBRANTSKIN using e-mail, facsimile, instant messaging, or any other electronic communication, are not guaranteed to be secure or confidential methods of communications. Although VIBRANTSKIN will make all reasonable efforts to keep electronic communications confidential and secure, VIBRANTSKIN cannot guarantee the absolute confidentiality of electronic communications.

Therefore, by providing us with your preferred method of communication, you are authorizing VIBRANTSKIN to communicate with you by that method. Should that method be electronic, such as e-mail, you understand that there is always a possibility that a third party may gain access to your information.

Should you contact VIBRANTSKIN electronically and not receive a response within one business day, you agree to use another means of communication to contact VIBRANTSKIN.

Additionally, you understand that electronic communications with VIBRANTSKIN is not appropriate should you have an emergency. In the event of an emergency, you should call 911.

I understand and agree to the above,

Signature of VIBRANTSKIN Patient

Date