



VibrantSkin

DERMATOLOGY AND LASER

Notice of Services

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

PAYMENT:

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

Surgical appointments require a 50% deposit when the appointment is scheduled.

We do not accept Medicare, Medicaid or any other form of insurance except Alliance Coal Health Plan.

Upon arrival for your first scheduled appointment we require a credit card to be placed on file. Any charges will be relayed to you before charging your credit card.

Missed non-surgical visits without 24-hour notice may result in a charge of \$100.00 or the estimated cost of the visit—whichever is less. Missed surgical visits without 24-hour notice result in forfeiture of your deposit. One exception to these rules is an emergency and that is determined on a case-by-case basis at the discretion of our office. Please arrive on time for your appointment.

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. 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, except as noted above. You have also been informed that DR. BUSTER has opted out of Medicare.

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 has opted out of Medicare, 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 communication 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