CALIFORNIA SKIN INSTITUTE

Patient Information Sheet

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose CA 95124

San Jose/Santana Row
2880 Stevens Creek Blvd Ste 240
San Jose CA 95128

San Jose/O'Connor
2100 Forest Ave Ste 103
San Jose CA 95128

Saratoga
18988 Cox Ave
Saratoga CA 95070

Los Altos
129 Fremont Ave
Los Altos CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane Ste 100
Monterey CA 93940

San Mateo
136 N San Mateo Dr 2nd Flr
San Mateo CA 94401

San Francisco Laurel Heights
3905 Sacramento St Suite 201
San Francisco CA 94118

San Francisco Pacific Heights
2100 Webster St Suite 318
San Francisco CA 94115

Salinas
559 Abbott St Suite A
Salinas CA 93901

Santa Cruz County
204 Green Valley Rd
Freedom CA 95019

Monterey
977B Pacific
Monterey CA 93940

Renu Laser Spa at CSI
4680 Tassajara Road
Dublin, CA 94568

South San Jose
393 Blossom Hill Rd Suite 290
San Jose CA 95123

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley CA 94546

Daly City
1800 Sullivan Suite 403
Daly City CA 94015

Mountain View
525 South Drive Suite 115
Mountain View CA 94040

Please print legibly:

Patient Name _____ (Last Name) _____ (First Name) _____ (Middle Name)

Address _____ (Street) _____ (Apt/Unit #) _____ (City) _____ (State) _____ (Zip Code)

Telephone _____ (Home (xxx) xxx-xxxx) _____ (Work (xxx) xxx-xxxx) _____ (Mobile (xxx) xxx-xxxx) Check the preferred Number for us to use

Email _____ (xxxxxxx@xxxxxxx.com)

Marital Status: Single Married Widow Divorced Partnered

Employer _____ (Employer Name) _____ (Employer Address)

Patient's Date of Birth _____ (xx/xx/xxxx) Age _____ Gender M F _____ (Social Security Number)

_____ (Race) _____ (Ethnicity) _____ (Birthplace) _____ (Primary Language)

Emergency Contact _____ (Full Name) _____ (Relationship to Patient) _____ (Phone Number (xxx) xxx-xxxx)

Primary Care Physician _____ (Last Name) _____ (First Name) _____ (Phone Number (xxx) xxx-xxxx)

Referring Physician _____

If a Physician did not refer you, please tell us how you heard about our office?

Mailing Internet Word of Mouth Yellow Pages Advertisement Radio TV Seminar

If Patient is Minor Under 18 Years Old _____ (Father's Name) _____ (Father's Daytime Phone) _____ (Mother's Name) _____ (Mother's Daytime Phone)

Primary Insurance

_____ (Insurance Company Name)

_____ (Subscriber's Name if Different from Patient)

_____ (Subscriber's ID Number)

_____ (Group Number) _____ (Subscriber's Birthdate)

Secondary Insurance

_____ (Insurance Company Name)

_____ (Subscriber's Name if Different from Patient)

_____ (Subscriber's ID Number)

_____ (Group Number) _____ (Subscriber's Birthdate)

Please indicate Subscriber's Relationship to Patient Below

Self Spouse Father Mother Partner Other

Signature _____ **Date** _____

CALIFORNIA SKIN INSTITUTE

Patient Medical History Form

Patient Name: _____ **DOB:** _____

Are you in good general health now? Yes_____ No _____

Have you ever had any of the following?

Asthma	Yes_____	No _____	Diabetes	Yes_____	No _____
Chronic Hay Fever	Yes_____	No _____	Internal Cancer	Yes_____	No _____
Hives	Yes_____	No _____	High Blood Pressure	Yes_____	No _____
Sinus Problems/Migraines	Yes_____	No _____	Heart Trouble	Yes_____	No _____
Eczema	Yes_____	No _____	Rheumatic Fever	Yes_____	No _____
Boils	Yes_____	No _____	Jaundice/Hepatitis	Yes_____	No _____
Food Allergies	Yes_____	No _____	Kidney Disease	Yes_____	No _____
Allergy to Local Anesthetics	Yes_____	No _____	Glaucoma	Yes_____	No _____
Bleeding Tendency Ulcer	Yes_____	No _____	Epilepsy	Yes_____	No _____
HIV Infection	Yes_____	No _____	Tuberculosis	Yes_____	No _____
Do you smoke?	Yes_____	No _____	Organ Transplant	Yes_____	No _____
Joint Replacement	Yes_____	No _____	Do you take blood thinners e.g. Aspirin, Advil, Ibuprofen, Motrin?	Yes_____	No _____

What disease, if any, runs in your family?

_____

Have you ever been treated for skin cancer? Yes_____ No _____

Women only, please answer the following:

Are you pregnant? Yes_____ No _____

Are you breast-feeding? Yes_____ No _____

If yes, your expected delivery date is: _____

Do you take birth control pills? Yes_____ No _____

Name of brand _____

List all prescription and non-prescription medications you are now or have recently taken for any problem (including your skin)

_____

_____

_____

_____

If you are allergic to any medication, please list and state what the reaction is.

_____

_____

Have you ever taken penicillin? Yes_____ No _____

Serious Illness? If so, please describe below.

_____

Previous skin problems? Please describe below.

_____

_____

_____

Any hospitalizations? If so, please describe below.

_____

Any surgeries? If so, please describe below.

_____

CALIFORNIA SKIN INSTITUTE

Patient Acknowledgement and Authorizations and Patient Assignment of Benefits

All Patients, Please Read and Sign:

Patient Acknowledgement and Authorizations

This form is required to allow us to evaluate and treat you, and to bill and communicate with your insurance company.

I authorize the California Skin Institute to conduct examinations, and perform procedures as are medically required to administer treatment and medications as deemed necessary or advisable.

The California Skin Institute is hereby authorized to release a complete report of services rendered, diagnosis, findings and details of treatment and progress for the purpose of receiving payment for such services rendered. Recipients of such information may include authorized billing agents, insurance carriers, employer's workers' compensation insurance company, other third party payers, the Social Security Administration under Title XVIII (18) of the Social Security Act, Professional Review Organizations or other Intermediaries responsible for payment of services rendered. The release of information consent may be revolked at any time by giving written notice.

If release of information is refused, the patient will be held responsible for payment of all charges for services rendered.

In consideration of medical goods and services provided by the California Skin Institute, I give all rights, title and interest to the medical/surgical/supply reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefits including Medicare Part B. I remain fully responsible for payment of any and all charges not covered by insurance.

Patient Assignment of Benefits

This form is required to allow us to bill and accept direct payment from your insurance company or other payer.

California Skin Institute will bill all primary and secondary insurances, but I am ultimately responsible for payment for the services and any supplies/equipment I receive.

I hereby assign to California Skin Institute, AMC, any insurance or other third party benefits available for healthcare services provided to me. I understand that the California Skin Institute has the right to refuse or accept assignment of such benefits.

If these benefits are not assigned to California Skin Institute, I agree to forward to the California Skin Institute all health insurance and other third party payments that I receive for services rendered to me immediately upon request.

I understand that my signature requests that payment be made directly to the California Skin Institute. I authorize release of medical information necessary to pay the claim.

A photocopy of this assignment is to be considered as the original.

I have read and agree with the above Patient Acknowledgement and authorizations and Patient Assignment of Benefits. I understand the terms and conditions outlined herein as confirmed by my signature below.

Patient or Responsible Party's Signature: _____ Date Signed:_____

Patient's Printed Name: _____ Patient's Age:*_____

***NOTICE: If patient is a minor (under 18 years of age) the parent of responsible party must complete and sign the Consent for Treating of Minor Form.**

CALIFORNIA SKIN INSTITUTE

Acknowledgement of Receipt

Patient Financial Policy And Notice of Privacy Practices

All Patients, Please Read and Sign:

Patient Financial Policy

Thank you for your time in understanding the financial policy of the California Skin Institute. It is our desire to serve your medical needs as well as we possibly can. By understanding the financial policy we utilize, we can make billing a non-issue and concentrate on providing you with the best possible care and treatment.

All patient information is confidential and subject to state laws including Confidentiality of Medical Insurance Act Section 56 of the California Civil Code and the Health Insurance Portability and Accountability Act (HIPAA) P.L.104-191.

I have read and agree with the Patient Financial Policy. I understand the terms and conditions outlined herein as confirmed by my signature below.

Patient or Responsible Party's Signature:_____ Date Signed: _____

Patient's Printed Name:_____ Patient's Age:* _____

*NOTICE: If patient is a minor (under 18 years of age) the parent or responsible party must complete and sign the Consent for Treating of Minor Form.

Notice of Privacy Practices

I have been shown a copy of the California Skin Institute's Privacy Practices and understand a copy is available to me upon my request, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Any questions regarding the Privacy Practices of the California Skin Institute should be directed to our Privacy Officer, George Davis. He can be reached at 1-408-369-5600 x288 or via email at george@caskin.com

I would like to receive a copy of any amended Notice of Privacy practices by email at:

_____

Signed:_____ Date:_____

Print Name:_____ Telephone: _____

If not signed by the patient, please indicate relationship:

- O Parent or Guardian of Minor Patient
- O Guardian or Conservator of an incompetent patient

Name and address of Patient: _____

CALIFORNIA SKIN INSTITUTE

Patient Financial Policy

All Patients, Please Read and Sign:

This form describes the Financial Policy of California Skin Institute, which governs how we handle the financial aspects of the care, treatment, supplies and other services you receive here.

Thank you for choosing the California Skin Institute, AMC, as a healthcare provider. We are committed to your treatment being a successful experience. Our Medical and Business Office staff will work very hard to make sure that your paperwork is filed accurately and promptly. Because most of the data we have relative to you comes from you, please help us maintain accurate records by filling out forms legibly, and letting us know whenever important data changes (your address, telephone number) any changes to your name, your medical insurance, etc.) When paying for services, supplies, etc., we are able to accept all major credit cards, checks and cash.

Insurance and Insurance Collection

We will attempt to bill whichever insurance you have advised us of as a courtesy. Please understand that insurance reimbursement can be a long and difficult process for medical providers AND patients. There are instances when insurers will stall, deny, pend, spend seeks and months reviewing claims, and then reduce or deny any reimbursement officered. Our billing staff has undergone extensive training to maximize your insurance reimbursement while reducing the time in which they pay.

Non-Contracted indemnity insurance plans/No insurance card

If you are unable to present an insurance card at the time of service, or if you are covered by an insurance company with which we are not contracted, we require that you pay for services in advance. If we are able to collect from your insurance company after you have fully paid your account, we will issue you a refund. We will attempt to bill your insurance company using the information you have supplied to us as a courtesy. Our office, as a convenience and a service to you, will absorb all costs incurred for this billing. Please note that not all insurers agree to contract with us. In the event that your insurance does not reimburse us within ninety (90) days, we will transfer this balance to you as your responsibility and send you a statement. We are NOT Medi-Cal providers, and do not accept Medi-Cal. We do not accept any other State's Medicaid programs.

Know Your Plan Benefits – Non Covered Services are Your Responsibility

Each and every insurance company and plan, including Medicare, has different plans, each with different benefits. Because you health insurance is an arrangement between you and your insurer, you should understand what services are covered under your specific plan. Your insurer can assist you with any questions you have relative to your own benefits with them. Co-payments are due at the time of service. You should ask your insurer what the amount is and have it ready at the time of your visit. We may decline to see patients for non-emergent visits if co-payments are not made at the time of the visit. Your California Skin Institute Physician may provide services that may not be covered as a benefit of your specific plan with your insurer. Patients or Guarantors are financially responsible for any and all services provided that may not be covered by your insurance plan. ***It is your responsibility to know and understand your specific insurance plan and what benefits are provided.***

Some procedures you may undergo are best performed with the equipment, safety, and comfort that can be obtained in an Ambulatory Surgery Center (ASC) setting. A certified ASC must maintain the highest standards of safety and cleanliness to optimize any surgical outcome. Any ASC will have fees for the use of their space, supplies, equipment and personnel. Insurance carriers may handle these "facility" charges in a variety of ways. Please be aware that these charges are separate and apart from those fees charged by the physicians of the California Skin Institute. You should ask your insurer how your benefit plan would handle any outpatient facility/ASC charges.

Some procedures you may undergo will involve removing tissue. The charges for this process are known as Laboratory/Pathology charges and will appear on your bill if performed. The physician who looks at the slide and provides his/her opinion based on those slides is known as the Pathologist. There is a charge for that physician's professional opinion, which is independent of the charge for preparing the actual slide.

CALIFORNIA SKIN INSTITUTE

HMO Plans

If your care and treatment at the California Skin Institute is the result of a referral from your HMO plan and/or from your Medical Group or HMO Provider, you should have a written authorization/referral from them. It is your responsibility to verify that they properly authorize your care and treatment in advance. Any co-pay required will be your responsibility at the time of each visit. **This is a requirement of your insurer.** If you have a POS (Point Of Service) plan and which to utilize the HMO benefit, you will need to obtain a written authorization/referral from your HMO Plan and/or referring medical group in advance of receiving treatment. If that authorization is not in place, your insurer may handle the claim under your PPO benefits. PPO benefits may include a deductible, co-payment and co-insurance, which would likely be your financial responsibility (see PPO PLANS described below).

California Skin Institute will not accept a retroactive authorization/referral except under unusual circumstances. These are handled on a case-by-case basis with our Business office. If you are not eligible with your insurer at the time services are rendered, you will be responsible for those charges.

PPO Plans

As a contracted provider, California Skin Institute has agreed to accept a discounted rate from your plan for covered services, however all co-payments, co-insurance and/or deductibles are your responsibility.

Responsibility – Self Insured/Union Plans

Your employer may be self-insured and use an insurance company (or other third part administrator: TPA) for administrative and claims processing services. This office has been thoroughly trained regarding this type of reimbursement, however, in the event there is a problem we may need you to supply the name of your HR Director and/or your Benefits Manager. We may ultimately require your authorization to file a complaint with the Department of Labor and your administrator, if need be.

Medicare

As a participating provider, we will bill your Medicare carrier. You are responsible for your annual deductible and 20% of the co-insurance portion. We must collect this. We will be happy to bill and secondary (or Tertiary) insurance you may have once we have been informed that you have such coverage in effect If any balance remains once Medicare and these insurers have processed our claims, we will transfer responsibility for payment to you, and send you a statement.

Important reminder for Medicare enrollees: If you qualified for Medicare coverage and decided to enroll in a Medicare+Choice/Medicare Advantage plan (e.g. Secure Horizons, Blue Cross Senior Secure, SCAN) you may need to first get a referral from your Primary Care Physician (PCP) before a visit to California Skin Institute will be covered. Please call the number on your new insurance card for information from that plan. Medicare enrollees with "original" Medicare coverage can be seen at the California Skin Institute without a referral.

Secondary Insurers

Having more than one insurance does NOT necessarily mean that your services are covered 100%. Depending on your plan's benefits, the secondary insurers will pay as a function of what your primary insurer pays. We will bill your secondary insurer as a courtesy. You are responsible for any balances after your insurers have processed our claims.

Other Items

Divorce Decrees

California Skin Institute is NOT a party to any divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minor rests with the accompanying adult.

Minor Patients

The adult accompanying a minor and the parents (guardians) of the minor are responsible for full payment for services rendered to the minor patient. For unaccompanied minor, non-emergent or treatments unrelated to an ongoing care plan, will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service has been obtained or verified.

Return Check Fees

There is a $25.00 banking fee for all returned checks. This sum is used to offset the fees incurred by California Skin Institute from our financial institution. If your check is returned from the bank, we may NOT ACCEPT an additional check as payment on your account. Future payments must be made with cash, money order or credit card.

CALIFORNIA SKIN INSTITUTE

Patient Financial Policy

All Patients, Please Read and Sign:

This form describes the Financial Policy of California Skin Institute, which governs how we handle the financial aspects of the care, treatment, supplies and other services you receive here.

Thank you for choosing the California Skin Institute, AMC, as a healthcare provider. We are committed to your treatment being a successful experience. Our Medical and Business Office staff will work very hard to make sure that your paperwork is filed accurately and promptly. Because most of the data we have relative to you comes from you, please help us maintain accurate records by filling out forms legibly, and letting us know whenever important data changes (your address, telephone number) any changes to your name, your medical insurance, etc.) When paying for services, supplies, etc., we are able to accept all major credit cards, checks and cash.

Insurance and Insurance Collection

We will attempt to bill whichever insurance you have advised us of as a courtesy. Please understand that insurance reimbursement can be a long and difficult process for medical providers AND patients. There are instances when insurers will stall, deny, pend, spend seeks and months reviewing claims, and then reduce or deny any reimbursement officered. Our billing staff has undergone extensive training to maximize your insurance reimbursement while reducing the time in which they pay.

Non-Contracted indemnity insurance plans/No insurance card

If you are unable to present an insurance card at the time of service, or if you are covered by an insurance company with which we are not contracted, we require that you pay for services in advance. If we are able to collect from your insurance company after you have fully paid your account, we will issue you a refund. We will attempt to bill your insurance company using the information you have supplied to us as a courtesy. Our office, as a convenience and a service to you, will absorb all costs incurred for this billing. Please note that not all insurers agree to contract with us. In the event that your insurance does not reimburse us within ninety (90) days, we will transfer this balance to you as your responsibility and send you a statement. We are NOT Medi-Cal providers, and do not accept Medi-Cal. We do not accept any other State's Medicaid programs.

Know Your Plan Benefits – Non Covered Services are Your Responsibility

Each and every insurance company and plan, including Medicare, has different plans, each with different benefits. Because you health insurance is an arrangement between you and your insurer, you should understand what services are covered under your specific plan. Your insurer can assist you with any questions you have relative to your own benefits with them. Co-payments are due at the time of service. You should ask your insurer what the amount is and have it ready at the time of your visit. We may decline to see patients for non-emergent visits if co-payments are not made at the time of the visit. Your California Skin Institute Physician may provide services that may not be covered as a benefit of your specific plan with your insurer. Patients or Guarantors are financially responsible for any and all services provided that may not be covered by your insurance plan. ***It is your responsibility to know and understand your specific insurance plan and what benefits are provided.***

Some procedures you may undergo are best performed with the equipment, safety, and comfort that can be obtained in an Ambulatory Surgery Center (ASC) setting. A certified ASC must maintain the highest standards of safety and cleanliness to optimize any surgical outcome. Any ASC will have fees for the use of their space, supplies, equipment and personnel. Insurance carriers may handle these "facility" charges in a variety of ways. Please be aware that these charges are separate and apart from those fees charged by the physicians of the California Skin Institute. You should ask your insurer how your benefit plan would handle any outpatient facility/ASC charges.

Some procedures you may undergo will involve removing tissue. The charges for this process are known as Laboratory/Pathology charges and will appear on your bill if performed. The physician who looks at the slide and provides his/her opinion based on those slides is known as the Pathologist. There is a charge for that physician's professional opinion, which is independent of the charge for preparing the actual slide.