



SUNFLOWER

DERMATOLOGY & MEDICAL DAY SPA

Patient ID: \_\_\_\_\_

Provider: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Mobile phone #: \_\_\_\_\_

Sign-up to receive text message reminders, office updates and specials. You may opt-out at any time. ☐ YES ☐ NO

Email: \_\_\_\_\_ SS#: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic/Latino? ☐ YES ☐ NO

Primary Care Physician Name & Phone: \_\_\_\_\_

Were you referred by your Primary Care Physician? ☐ YES ☐ NO

How did you hear about our office? \_\_\_\_\_

Pharmacy name & address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a history of skin cancer? ☐ YES, list type: \_\_\_\_\_ ☐ NO

Does your family have a history of skin cancer? ☐ YES, list type: \_\_\_\_\_ ☐ NO

Smoking: ☐ Current Smoker ☐ Light Smoker ☐ Former Smoker ☐ Never Smoked

Alcohol use: ☐ 3+ drinks/day ☐ 1-2 drinks/day ☐ Less than 1 drink/day ☐ I don't drink

If you are 65 or older, have you received a pneumonia vaccination? ☐ YES ☐ NO

Do you have a health care proxy in the event you are unable to make your own medical decisions?

☐ YES ☐ NO If yes, please list designees first and last name: \_\_\_\_\_

Do you have a living will? ☐ YES ☐ NO

Please list all current medications you are taking (include over-the-counter medications and any vitamins and/or supplements): \_\_\_\_\_

\_\_\_\_\_  
Please continue to next page...

Reviewed by (provider signature): \_\_\_\_\_



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## Patient Information

Allergies to medications and your reaction: \_\_\_\_\_

\_\_\_\_\_

Please list any major hospitalizations or surgical procedures you have received in the past five years:

\_\_\_\_\_

\_\_\_\_\_

## Insurance Information

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Relationship to policy holder: \_\_\_\_\_

Policy holder SS#: \_\_\_\_\_ Policy holder date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Acknowledgment of Receipt of Privacy Practices Information

Sunflower Dermatology & Medical Day Spa, LLC reserves the right to modify the privacy practices contained herein: communication with the patient named herein should be directed to. Please check the preferred contact method:

☐ Home phone/voicemail ☐ Cell phone/voicemail ☐ Work phone/voicemail

☐ Mail/Email ☐ Other specific person (select above method): \_\_\_\_\_

*\* If you would like us to be able to discuss financial obligations with someone other than yourself, please specify their name in the "Other specific person" section above.*

## Consent to Medical Care

I understand the procedures standard to the care of dermatology and consent to undergo dermatologic care including any necessary procedures. These procedures include, but are not limited to cryosurgery, shave and punch biopsies and cosmetic and medically necessary procedures. I will be informed of potential risks/side effects PRIOR to the procedure.

Please continue to next page...

Reviewed by (provider signature): \_\_\_\_\_



Patient ID: \_\_\_\_\_

Provider: \_\_\_\_\_

## Consent to Use and Discloser Protected Health Information

Your protected health information will be used by SFD or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day healthcare operations of the practice. You may review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed prior to signing the consent. You may request a restriction on the use or discloser of your protected health information. If SFD agrees to your request, the restriction will be binding on the practice. Use or discloser of your protected information in violation of an agreed-upon restriction will be a violation of the Federal privacy standards. You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which you revocation of consent is received will not be affected. Sunflower Dermatology & Medical Day Spa, LLC reserves the right to modify the privacy practices outlined in the notice.

## Financial Policy

All contracted insurance is billed directly to your insurance company as a courtesy of Sunflower Dermatology & Medical Day Spa, LLC (SFD). Any remaining balances for non-covered benefit deductibles, copays and coinsurances are your responsibility. These may be collected prior to any potential procedure. It may take up to three months or longer for your insurance to process your claim. Therefore, the charge to your credit/debit card may be delayed and all sales are final. **We require a copy of a valid credit, debit or HSA card to be kept on file. You will not receive a bill but will receive an Explanation of Benefits (EOB) from your insurance company explaining costs incurred. Monies due to SFD based on your Explanation of Benefits will be charged to the card on file upon our receipt of the EOB.**

Please initial acknowledging the above statement: \_\_\_\_\_

- We accept cash, check, Visa, Master Card, Discover, American Express, Money Order, HSA cards, and CareCredit.
  - There is a \$30 fee for all returned checks.
  - Out of respect for all patients waiting to see any provider (physicians, physician assistants, nurses or aestheticians), **there will be a \$125 fee if you do not show up to any appointment.** 48 hour notice is appreciated.
  - All accounts that become past due 45 days after your insurance pays, we reserve the right to send your account to a collection agency if the balance is not paid in full within 60 days.
  - For all skin lesion removals (i.e. cosmetic or medical), a skin specimen is sent to the pathology lab for testing and to confirm clinical diagnosis. There may be additional charge by the lab, unrelated to any fee paid directly to Sunflower Dermatology & Medical Day Spa, LLC
  - A copy of this form will be available at your request.
- Please continue to next page...**

Reviewed by (provider signature): \_\_\_\_\_

## Financial Policy Continued

- I authorize the release of medical information to my primary care or referring physicians, to consultant if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the physician.
- I hereby acknowledge that I have read, understand and agree with the policies set forth by Sunflower Dermatology & Medical Day Spa, LLC and any change made by me will be made only in writing. I give my authorization for the charge of my valid debit, credit or HSA card and my consent for procedure as outline above.

I have had the opportunity to review the Notice of Privacy Practices and consent above for Sunflower Dermatology & Medical Day Spa, LLC. I consent to the medical/cosmetic care and financial agreements above.

\_\_\_\_\_  
Print name of patient

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Ask us about our FREE skincare consultation while you are here.**

**If you have any of the concerns below or are interested in any of the following treatments, we can help you with a complimentary skincare consultation.**

### Concerns:

- Acne or clogged pores
- Acne scarring
- Facial lines and wrinkles
  - Smile lines
  - Lines above the upper lip
  - Forehead lines
  - Frown lines (brow)
- Volume loss in midface
- Facial folds

### Sunflower Treatments

- Brown spots/pigmentation
- Unwanted freckles
- Broke capillaries
- Facial redness or rosacea
- Thin eyelashes
- Unwanted hair
- Thin lips
- Stretch marks
- Surgical or traumatic scars
- Double chin
- Fillers and injectables
  - Botox®, Juvéderm®, Kybella®
- Laser treatments
  - Fraxel®, IPL/Photofacials, Laser hair removal
- Skincare Services
  - Products, Facials, Dermaplane, Chemical Peels, Microdermabrasion, Hydrafacials

**Make an appointment for your complimentary skincare consultation today and start having better skin for a better life.®**

Reviewed by (provider signature): \_\_\_\_\_