



Conditions of Service

Thank you for choosing The Vein Center of The Plastic & Hand Surgery Associates. This document represents our established *Conditions of Service* that will be used to resolve any issues or disputes pertaining to the vein care services rendered by The Vein Center of The Plastic & Hand Surgery Associates physicians and staff.

CONSENT TO TREATMENT

The patient identified below consents to therapeutic vein care evaluations and treatments which may be performed or assisted by our Vein Specialists and/or staff while under the care of Eric E. Wegener, MD. These evaluations and treatments may include, but are not limited to, initial evaluation and consultation, history and physical examination, lower extremity venous ultrasound study, infiltration of tumescent local anesthesia, endovenous laser ablation (EVLA), endovenous chemical ablation (EVCA) or sclerotherapy, ultrasound-guided sclerotherapy, ambulatory phlebectomy, vein light sclerotherapy, and/or conservative vein therapy.

PRIVATE PAY

For patients having no insurance, or choosing not to bill their insurance, it is expected that all vein care services will be paid in full prior to services, or at the time of service if arrangements for payment have been made acceptable to The Vein Center of The Plastic & Hand Surgery Associates. In all cases, accounts must be resolved in full within ninety (90) days. Accounts not resolved within ninety (90) days will be referred to an outside collection agency.

ASSIGNMENT OF BENEFITS

I, the undersigned, represent that I have insurance coverage with, and do here by authorize my insurance company to pay and assign directly to The Plastic & Hand Surgery Associates, all surgical and/or medical benefits. **[See Assignment of Benefit Form]**

PERSONAL VALUABLES

It is understood and agreed that The Vein Center of The Plastic & Hand Surgery Associates shall not be liable for the loss or damage to any money, jewelry, documents, garments, dentures, eye glasses, hearing aids, prosthetics, or articles of unusual value and small size. Also, The Vein Center of The Plastic & Hand Surgery Associates shall not be liable for the loss or damage to any other personal property.

CONSENT TO PHOTOGRAPH/VIDEOTAPING

The Vein Center of The Plastic & Hand Surgery Associates is permitted to take pictures of the medical or surgical progress involving vein care. The patient consents to photography and/or videotaping during medical or surgical procedures and the use of same for scientific, educational or medical research purposes. The patient further consents to routine photo-documentation related to patient care.

FINANCIAL OBLIGATIONS

I understand that I am responsible to The Vein Center of The Plastic & Hand Surgery Associates for all charges incurred by me and not paid by third party benefits. In the event that said bill, or any part thereof, is deemed delinquent by the practice, I understand that I will be responsible for all collection of expenses as well as reasonable attorney's fees and court costs if a suit is instituted. All delinquent accounts shall bear interest at the maximum rate allowed by law.

CANCELLING APPOINTMENTS

I understand that I am responsible for notifying The Vein Center of The Plastic & Hand Surgery Associates at least 48 hours before my scheduled appointment if I am unable to keep said appointment. Failure to do so may result in my account with The Vein Center of The Plastic & Hand Surgery Associates being assessed a \$100 cancellation fee for breach of notification of each scheduled appointment.

RELEASE OF INFORMATION

The Vein Center of The Plastic & Hand Surgery Associates will obtain the patient's consent and authorization to release protected health information concerning the patient, in accordance with HIPAA regulations, except in those circumstances when The Vein Center is permitted or required by law to release the information. The Vein Center may disclose protected health information to the Intersocietal Accreditation Commission (IAC) for vascular lab accreditation purposes. The IAC is operated in accordance with strict HIPAA regulations. For further info, please see the 'Notice of Privacy Practices'.

SEVERABILITY

If any terms or conditions of this agreement are held by a court of law to be invalid or unenforceable, then this agreement, including all of the remaining terms and conditions, will remain in full force and effect as if such invalid or unenforceable term or condition had never been included. My signature below acknowledges that I have received a copy of this document and accept its terms.

Patient's Printed Name

Patient's Signature

Date Signed