

Asthma	Y	N	Frequent Nausea	Y	N	Constipation	Y	N
Weight loss	Y	N	Mouth Sores	Y	N	Other: _____		

Dermatology & Laser of Alabama
Sarah Boyce Sawyer
Confidentiality of your medical information is important to us.
How may we communicate with you?

We want to inform you of your right to an alternative means of communication. For instance, you may request that we communicate with you via your office telephone or cellular telephone, in addition to (or instead of) your home telephone.

We will do our best to honor reasonable requests for alternative means of communication.

_____ I request that you contact me at the following: ___ home phone; ___ work phone; ___ cell phone; ___ other (please specify): _____

_____ You may contact me at the address and phone number indicated on the registration form.

**Acknowledgement of Receipt of Dermatology & Laser of Alabama
Notice of Privacy Practices**

I hereby acknowledge receipt of the Notice of Privacy Practices for Dermatology & Laser of Alabama.

Patient's Signature _____ Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement from _____ (patient) of receipt of our Notice of Privacy Practices, but such acknowledgement could not be obtained because:

Individual refused to sign.

Communications barriers prohibited obtaining the acknowledgement.

An emergency situation prevented us from obtaining the acknowledgement.

Other (Please Specify) _____.

Personal Representatives

To ensure the quality of the services/treatment we provide you, please be advised that post operative care information may be disclosed to the individual that accompanies you on the date of your services.

_____ I give DLA permission to disclose my medical (i.e. medical and financial) information to:

___ my spouse ___ my parents ___ adult children ___ Friend: _____

_____ DLA may NOT disclose my medical (i.e. medical and financial) information to:

___ my spouse ___ my parents ___ adult children ___ Friend: _____

_____ Other, _____

(If you are a minor, i.e. under the age of 18, and your parent/guardian is the guarantor of your services, we may disclose your medical and financial information to them for collection of fees you owe.)

Patient Signature _____ Date _____

DLA may communicate with me via the Internet at the following email address: _____

Dermatology & Laser of Alabama

Financial Policy

Thank you for choosing Dermatology & Laser of Alabama. We are committed to providing you with the best possible care. The following is a statement of our financial policy.

Each patient receiving services through Dermatology & Laser of Alabama is legally responsible for any charges associated with such services. You may have other means of payment, such as insurance, but you remain legally responsible for your entire bill.

We accept cash, checks and all credit cards as payment for services. Co-pays, deductibles, co-insurance and non-covered service amounts defined as the patient's responsibility under the terms of your insurance contract will be collected on the date of service. Returned checks are subject to a handling fee of \$30.00.

If you have medical insurance, we will help you receive your maximum allowable benefits. In order to achieve this goal, we will need your assistance and for you to understand this financial policy. Please realize that your insurance is a contract between you and your employer and/or insurance company. We are a provider of services, and not a party to your insurance contract.

Further, some of the services that we provide may not be covered by your insurance contract. Insurance companies select certain services that they will not cover or which they may consider medically unnecessary. You will be responsible for paying for these amounts. We encourage you to contact your insurance carrier personally in order to remain informed about your benefits.

We will make every effort to ascertain your coverage for our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier. As a courtesy, we will process and file your insurance claims for technical and professional services at no cost.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in management of your account. If you have any questions about the above information please do not hesitate to ask us.

In the event your account is turned over for collection, you will be billed and are responsible for all fees involved in that process.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING

Signature of Patient or Responsible Party if a Minor: _____ Date: _____

Please Print the Name of the Patient: _____



*Where the medical and
the beautiful come together.*

Dermatology & Laser of Alabama

Cosmetic Questionnaire

At Dermatology & Laser of Alabama, we offer comprehensive medical, surgical, and cosmetic dermatology services. We would like to be able to answer all of your questions, as well as keep you aware of new products and procedures. **If you are interested please fill out the following:**

Which of these are concerns that you have? Circle as many as you have:

Facial wrinkles? Unwanted blood vessels on face or body, including legs?

Tattoo that you would like to remove? Brown spots on face or body?

Birthmark? Sun damage or precancerous areas?

Acne or Rosacea? Unwanted hair on face or body?

Lost volume in cheeks or face? Lost volume in hands or bulging veins?

Listed below are some specific procedures you may have heard about. Circle if interested:

- Botox
- Laser hair removal
- Laser tattoo removal
- Laser treatment of facial redness
- Intense pulsed light (Photofacial)
- Fillers (Juvederm, Restylane, Radiesse, Perlane and Sculptra)
- Skin Resurfacing
- Chemical Peels
- Sclerotherapy
- Birthmark correction
- Acne treatment
- Skin Care products

What are the things you want to improve about your skin?

Have you ever had any cosmetic procedure in the past? If so, what?

Are you happy with your skin care regimen? Is this something you would like to discuss with us?

If you are interested in receiving cosmetic promotions via email, please print your email address below.