



How Did You Hear About Us? \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (Middle Initial) (First)

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E Mail: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Check this box to subscribe to or email discounts, new product updates and promotions

2<sup>nd</sup> Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
(Name) (Phone)

#### PHARMACY INFORMATION

By supplying the below information, we are striving our best to make your prescription an easy process by having your script available to you as soon as possible. Without complete information below, we may not be able to submit your prescription electronically and may need to give you a hard copy to take manually to the drug store.

PHARMACY NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## Acknowledgement of Receipt of Notice of Privacy Practices

Genesis Dermatology reserves the right to modify the privacy practices outlined in the notice.

### SIGNATURE

I have received a copy of the Notice of Privacy Practices for Genesis Dermatology.

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Name of Patient (Print or Type)

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Signature of Patient

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Date

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Signature of Patient Representative

(Required if the patient is a minor or an adult who is unable to sign this form.)

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Relationship of Patient Representative to Patient

### Receipt of Notice of Privacy Practices

**Please list individuals that you give us permission to discuss your medical care with.**

Name	Relationship	Phone
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Name	Relationship	Phone
<hr/>		
Name	Relationship	Phone
<hr/>		
Name	Relationship	Phone
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**MEDICARE IS WITHIN NETWORK ALL OTHER INSURANCES ARE  
CONSIDERED OUT OF NETWORK**

Patients with insurance plans with which we participate are responsible for appropriate co-pays, co-insurance, and deductibles at the time of service. Not all services are a covered benefit in all contracts. If your insurance company denies any procedure as a “non-covered service”, you will be responsible for these services. If we do not participate with your insurance and you have paid for your visit, as a courtesy, we will submit the claim to your insurance company. Reimbursement is based on each individual’s out of networks benefits. If eligible, your insurance should reimburse you directly. If Genesis happens to receive the reimbursement payment you will be refunded accordingly. We understand temporary financial problems may affect timely payment on your account. We are here to help you and encourage you to contact us promptly for assistance in the management of your account should the need arise. Patient acknowledges that a 29% collection fee and any additional legal fees that accrue from efforts necessary to resolve an unpaid balance will be assessed and are the responsibility of the patient (parent or guardian in the case of minor status at the time of visit). A \$25 fee will be incurred for any returned checks.

**CANCELLATION / NO SHOW POLICY FOR APPOINTMENTS:**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. If an appointment is not cancelled at least 24 hours in advance, you will be charged a **fifty-dollar (\$50) fee**; this will not be covered by your insurance company.

Thank you for your cooperation.

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Signature

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Date

Your signature signifies your understanding and agreement with our policies.



We are delighted that you have chosen to participate in this program as we continue our commitment to providing the highest level of care to our patients. This 'personal' approach to wellness combines comprehensive and proactive medicine utilizing a concierge platform that is responsive and flexible to meet the changing needs of our patients.

Genesis Premier offers the latest in general and cosmetic dermatology services in a friendly and discreet environment where the doctor-patient relationship takes center stage, and we work together in the best interest of your personal healthcare. Our skilled and compassionate team delivers state of the art care using the most advanced treatments and technologies to address all of your dermatology concerns.

Genesis Premier will enhance our current practice by limiting the number of patients in order to spend more time, devote more energy and be more involved and accessible to our members. Patients will benefit from prompt appointments and extended visits to focus on the individual and dedicate quality time to address all concerns. For insured patients, we will remain under contract with Medicare and services will be billed accordingly. All other insurance companies will be considered out of network and while payment will be required at the time of service, we are happy to submit the claim on your behalf as a courtesy for reimbursement based upon your specific plan coverage.

Please understand that although our practice model has been modified, we remain committed to providing the quality and compassionate care that has made Genesis Dermatology a long-standing leader in the community. With that in mind, we welcome your ideas and suggestions to ensure the success of this new program and encourage you to contact us if there is anything further, we can do to assist you.

Benefits:

- Prompt appointments for emergencies
- Extended office visits with our providers
- Exceptional attention to each patients' individual needs
- All Premier fees can be used towards cosmetic procedures, and/or products

Program:

There are two ways to become a participant

- 1) Any cosmetic service that totals \$850 or more throughout the year (At checkout you will be charged the amount of your service; this fee will not be charged annually). (Option # 2 below does not apply to you).

OR

- 2) An annual membership fee of \$850 is required. The entire fee is allocated back to each patient for the use of cosmetic services and product purchases. Unfortunately, this fee cannot be used for medical dermatology visits including co-pays, deductibles, co-insurance, or non-participating insurance charges. All non-participating insurance patients will be required to pay at the time of service. This fee is non-refundable.

I wish to join the Genesis Dermatology Premier Program. I understand the above information and all my questions have been answered. I understand that my credit card information listed below will be charged annually on the month of my renewal and good 1 year from the date of payment.

Patient Name: \_\_\_\_\_

CC Account Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ Zip Code associated with card \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_