DERMWELLESLEY

PATIENT FORMS | UPDATED JANUARY 2025

OFFICE POLICIES

Thank you for choosing DermWellesley, a full-service general, cosmetic, and surgical dermatology practice. To help ensure your visit runs smoothly, we've outlined some important information and office policies below.

LOCATION

Our office is located in the Wellesley Office Park at: **20 William Street, Suite G15** (the first building on your left as you enter the park)

For easiest access, we recommend turning left immediately into the parking lot and parking along the backside of the building near the postal boxes. Enter through the side entrance; our office is the first suite on the ground floor.

NEW PATIENT PAPERWORK

Please arrive on time with any required paperwork completed beforehand. If you're unable to complete the forms online, we kindly ask that you arrive 15 minutes early to complete them in the office, ensuring we can start your appointment on time.

For a more detailed explanation, please visit: **New Patient Forms.**

LATE ARRIVAL POLICY

We understand that things come up! If you're running late, please call 781-591-4234 to let us know. We strive to keep our schedule on track, so if you arrive more than 15 minutes late, we may need to reschedule your appointment, and a cancellation fee may apply. We'll always do our best to accommodate you either later in the day, if available, or at another open slot. Thank you for respecting our time and our staff.

For a more detailed explanation, please visit: **Cancellation, Late Cancellation, No-Show, & Payment Policy.**

NO-SHOW AND LATE CANCELLATION POLICY

Cancellations for ALL services (including medical, aesthetic/cosmetic, and surgical/ Mohs) made less than **48 business hours** before your appointment are considered late, and no-shows are when a patient misses an appointment without informing us. This is because extensive work is done to prepare for your appointment, and your clinician's schedule is blocked only for you. Please remember that weekends are not considered business hours, as our office is closed.

*Appointments for eye surgery with Dr. Alison Callahan have a separate cancellation policy and will be reviewed with you at the time of your surgical booking.

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To help us serve all of our patients, we charge the following fees for missed appointments:

- $75 for missed medical or esthetician appointments
- $150 for missed cosmetic or aesthetic appointments (or the cost of your appointment if under $150)
- $200 for missed surgical or Mohs appointments

Please note that your **general medical, surgical, and Mohs** appointments will be visible within the MGB/Patient Gateway. If you are being seen for **aesthetics/cosmetics**, your appointment is made through our aesthetic Electronic Medical Record- ***Boulevard***. You will get a confirmation from this platform for any cosmetic/ aesthetic appointment, and it will **NOT** be visible through Patient Gateway. To help our team, if you are booked for both medical and cosmetic back-to-back appointments, please be sure to cancel/reschedule in BOTH systems.

For a more detailed explanation, please visit: **Cancellation, Late Cancellation, No-Show, & Payment Policy.**

Why this policy? What sets us apart from many practices is that we do not double-book appointments. This helps us run (as close to) on schedule as possible and gives you our undivided attention for the duration of your visit. We also put significant resources into preparing for each patient. When appointments are missed or canceled late, it's not possible to fill that slot, which means valuable time is lost. We've established this policy to be fair and consistent for all patients, and we truly appreciate your understanding.

CREDIT CARD ON FILE POLICY

To streamline our payment process and avoid inconvenience, we ask all patients to keep an active credit card on file. This allows us to charge your co-payment at the time of your visit and automatically process any outstanding balances (for amounts your insurance determines as patient responsibility) if not paid within 60 days. Any outstanding balance over 60 days will need to be cleared before your next visit.

For a more detailed explanation, please visit: **Credit Card On File FAQ.**

MINORS

In accordance with Massachusetts state law, minors must be accompanied by a legal guardian, unless the consent form has been filled out after their first appointment: **Consent Form for Minors.**

VISIT STRUCTURE AND FOCUS

We strive to provide the highest quality care during your visit, so we schedule appointments for either a problem-focused exam or a full-body skin cancer exam. This ensures that we can give you the attention you deserve without feeling rushed.

If you're coming in for a problem-focused visit, we will focus on that specific concern (such as acne, eczema, psoriasis, or a rash). If you're looking for a comprehensive skin cancer exam in addition to addressing another issue, we may kindly ask that you schedule a separate visit. This helps us give you the thorough care you need without compromising the quality of your visit.

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CANCELLATION, LATE CANCELLATION, NO-SHOW, & PAYMENT POLICY

What sets DermWellesley apart from many practices is that we do not double-book appointments. This helps us run (as close to) on schedule as possible and gives you our undivided attention for the duration of your visit. We also put significant resources into preparing for each patient. When appointments are missed or canceled late, it's not possible to fill that slot, which means valuable time is lost. We've established this policy to be fair and consistent for all patients, and we truly appreciate your understanding.

NO-SHOW AND LATE CANCELLATION POLICY

Cancellations for general medical and cosmetic/aesthetic appointments made less than 48 business hours before your appointment are considered late, and no-shows are when a patient misses an appointment without informing us.

For surgeries (Mohs and surgical excisions), we require 48 business hours' notice, as extensive work is done to prepare for these appointments, and a very large block of your doctor's schedule is blocked for your appointment. Please remember that weekends are not considered business hours, as our office is closed.

We understand conflicts arise. To help us serve all of our patients, we charge the following fees if, for any reason, you fail to cancel or reschedule your appointment as outlined above:

Please note that surgical appointments with Dr. Callahan have a separate cancellation policy that will be reviewed with you at the time of your consultation and surgical scheduling.

- **$75.00 for a missed medical appointment**
- **$150.00 for a missed cosmetic or aesthetic appointment (or the cost of your aesthetic appointment if under $150)**
- **$200.00 for a missed surgical or Mohs appointment**

These fees are non-reimbursable and will be charged immediately to the credit card on file (see CCOF policy). After three no-shows/late cancellations, DermWellesley may decide to terminate their relationship with you or may require a deposit prior to rebooking. For cosmetic patients who require longer blocks of time and require more preparatory time for our staff, we will require a deposit:

- **$150.00 for Filler and Aerolase laser appointments**
- **$250.00 to schedule Vivace, Fraxel, and PRP**
- **$500.00 to schedule miraDry, Sofwave, blepharoplasty, and CO2 laser**

This deposit will be applied towards your treatment on the day of service. If you have a scheduling conflict, we ask that you give us at least 48 hours' notice, or you will forfeit your deposit. Deposits and no-show fees are subject to change. We appreciate your understanding and compliance with our policy.

CREDIT CARD ON FILE

Thank you for choosing DermWellesley, LLC, for all of your dermatology needs. While we are a top-tier medical practice committed to providing you with exceptional care, we are also a small business with ever increasing staffing, supply, and overhead costs. We have found that more patients are not paying their bills and/or not coming to their scheduled appointments, which, in turn, is hurting our business. In an effort to streamline our payment collection process and minimize your hassle, **DermWellesley will require patients to keep an active credit card on file, effective immediately.** For your convenience, your credit card on file can be used to pay your co-payment at the time of your visit. It can also be used to pay any outstanding visit balances (see below) and place deposits.

Your credit card on file will be charged for any remaining balance as determined by your insurance carrier to be "patient responsibility" and will be charged automatically if you fail to pay your bill after 60 days. **If we do not receive payment before 60 days, we will charge your card. SEE FAQs below.**

Please note, a **NO SHOW or LATE CANCEL fee will be charged to your card immediately if we have not been notified of your cancellation within 48 business hours of your appointment (see our full **NO SHOW/LATE CANCEL policy** and on our website).

CREDIT CARD ON FILE FAQs

Q: How will the credit card on file process work:

A: Your credit card will be entered into our payment processing system directly and stored securely in an encrypted payment portal. We value your privacy and will keep your payment information stored securely in accordance with HIPAA guidelines.

Your co-payment may be charged to your card at the time of your visit with your permission.

After your visit, you will receive an explanation of benefits (EOB) from your insurance carrier that explains exactly, according to your health insurance coverage and benefits, how much of your healthcare bill is your responsibility and how much the insurance company has paid along with any contractual adjustments.

As before, you can pay your bill however you would like (by check, credit card, on our patient portal, or by phone). If more convenient for you, we can also run your credit card on file to pay your balance. Just let us know.

** PLEASE NOTE- **If we do not receive payment before 60 days, we will charge your card.** Your credit card on file will be charged for any remaining balance as determined by your insurance carrier to be "patient responsibility" and will be charged automatically if you fail to pay your bill after 60 days.

Q: What if I need to dispute my bill?

A: We will always work with you to resolve any issues and will refund you if we have made a billing error. We will only charge the amount that we are instructed to by your insurance carrier to collect from you in the same way that we normally determine how much to send you a statement for in the mail. If you disagree with how your insurance carrier processed the claim, please contact their customer service department directly.

Q: Will I receive a statement or receipt for the charges billed to my card?

A: Not automatically. Your insurance carrier EOB and your credit card statement will be your receipt. You can, of course, at any time contact us to have an itemized statement emailed to you.

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CONSENT FOR CREDIT CARD ON FILE

By signing below, I agree to all of DermWellesley, LLC's Credit Card on File Policy (as outlined) and I authorize DermWellesley, LLC to keep my credit card number securely directly stored in the payment processing system.

I allow DermWellesley to automatically charge my credit card for any outstanding balances as outlined above. These may include: Insurance denials for any reason; missed or cancelled appointments; outstanding deductibles; co-insurances; partially paid claims. I authorize DermWellesley to keep my signature on file.

If the credit card I give today changes, expires, or is declined, I will give DermWellesley a new, valid credit card. I understand that I am responsible for payment for all medical services provided to me. I understand that this form is valid until I give a 30-day written notice to cancel the authorization to DermWellesley, LLC. Written notice must be submitted to our office. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.

PLEASE READ AND INITIAL:

_____ I have reviewed the cancellation, late-cancellation, no-show, and card-on-file policies on the website.

_____ I understand that cosmetic procedures at DermWellesley are not covered by my insurance and must be paid in full at the time of visit.

_____ I have reviewed DERMWELLESLEY Notice of privacy standards issued by the United States Department of Health and Human Services, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I hereby consent to DERMWELLESLEY, LLC, using and disclosing my protected health care information for the purposes of treatment, billing, and health care operations.

DERMWELLESLEY, LLC has reserved the right to change the Privacy Notice at any time. You may obtain a current copy of the Privacy Notice by contacting the office.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

_____

Patient Name (Print)

_____ _____

Cardholder Signature *Date*

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CONSENT FOR TREATMENT OF A MINOR CHILD

I, as parent or guardian of Name/DOB: _____, do hereby request and authorize the physicians and staff of DermWellesley, LLC to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

1. _____
2. _____
3. _____

_____ _____

Signature of Parent or Guardian *Date*

_____

Printed Name of Parent or Guardian

_____ _____

Witness Signature *Date*

_____

Printed Name of Witness

<u>This form should be witnessed by a member of the DermWellesley team</u>. If you are unable to accompany your child to his or her initial appointment, your signature must be notarized.

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COSMETIC INTAKE FORM

NAME: _____ **DOB:** _____

ADDRESS: _____

EMAIL: _____ **PHONE:** _____

How Did You Hear About Us? _____

What Services Are You Looking to Discuss/Have Done Today?

- ☐ Skin Care Advice
- ☐ Fine Lines & Wrinkles/Aging
- ☐ Skin Texture
- ☐ Botox
- ☐ Cosmetic Fillers
- ☐ Age Spots/Uneven Pigmentation
- ☐ Acne Scars
- ☐ PRP for Hair Loss
- ☐ Laser Resurfacing/Photorejuvenation
- ☐ Underarm Sweating/Odor
- ☐ Redness/Broken Capillaries
- ☐ Facials
- ☐ Chemical Peels
- ☐ Other: _____

History of Prior Cosmetic Treatments (approximate date):

_____

_____

Please List Any Ongoing Medial Problems, and If You are Pregnant/Breastfeeding/Trying to Conceive:

_____

_____

Current Medications/Allergies:

Prescriptions: _____

Over the Counter: _____

Allergies: _____

PLEASE READ AND INITIAL:

_____ I have reviewed the cancellation, late-cancellation, no-show, and card-on-file policies on the website

_____ I understand that cosmetic procedures at DermWellesley are not covered by my insurance and must be paid in full at the time of visit

_____ I have reviewed DERMWELLESLEY Notice of privacy standards issued by the United States Department of Health and Human Services, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I hereby consent to DERMWELLESLEY, LLC, using and disclosing my protected health care information for the purposes of treatment, billing, and health care operations.

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All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

_____ _____

Signature *Date*

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INITIAL CONSULT FOR HAIR LOSS QUESTIONNAIRE

NAME: _____ **DOB:** _____

History of Hair Loss and Scalp Health

What type of hair loss are you experiencing? (Please check all that apply)

- ☐ Bald Patches
- ☐ Excessive Shedding
- ☐ General Loss/Overall Thinning

Areas affected by hair loss:

- ☐ Scalp
- ☐ Other Areas: _____

Associated symptoms on the scalp, such as itching, burning, pain, or flaking?

Itching?

☐ No ☐ Mild ☐ Moderate ☐ Severe

Burning?

☐ No ☐ Mild ☐ Moderate ☐ Severe

Pain?

☐ No ☐ Mild ☐ Moderate ☐ Severe

Flaking?

☐ No ☐ Mild ☐ Moderate ☐ Severe

How long (approximately) have you been experiencing hair loss? _____

Was onset or hair loss: ☐ Sudden ☐ Gradual

Since onset, has it gotten: ☐ Better ☐ Worse ☐ Stayed the Same

Any history of hair loss in men in your family? ☐ No ☐ Yes ☐ If YES, who: _____

Any history of hair loss in women in your family? ☐ No ☐ Yes ☐ If YES, who: _____

What treatments has the patient tried, and for how long have you used them?

_____

_____

Hair Care and Styling

How often do you wash your hair? _____

How often do you use heat styling (curl, straighten, blow dry, etc.) _____

How often do you color your hair? _____

How often do you perm or chemically relax your hair? _____

Do you regularly have any of these hairstyles that increase tension or tugging on hair:

☐ Ponytails
☐ Braids
☐ Twists
☐ Dreadlocks
☐ Weaves
☐ Extensions
☐ Headbands

How often do you use any of the above? _____

Health History

Do you adhere to a special diet, such as vegetarian or vegan (please specify)? _____

If YES, for how long have you followed this diet? _____

Have you had any blood work done recently? _____

Have you ever had a scalp biopsy? _____

Do you have:

- ☐ Psoriasis
- ☐ Anemia
- ☐ Hyper or Hypothyroid
- ☐ Cystic Acne
- ☐ Enlargement of Clitoris
- ☐ Any autoimmune disease (please list:): _____ _____
- ☐ Excess body or facial hair
- ☐ Lichen Planus
- ☐ Syphilis
- ☐ Deepening of voice
- ☐ Polycystic ovary disease

In the last 3-12 months, have you experienced any of the following:

- ☐ High fever
- ☐ Childbirth
- ☐ Severe infection
- ☐ Flare of chronic illness
- ☐ Major surgery
- ☐ Start or stop beta blocker medication
- ☐ Start or stop hormone treatmet Start
- ☐ or stop birth control pills Weight loss
- ☐ Weight gain
- ☐

Please explain if you checked any of the above: _____

_____

Have you experienced a major emotional or physical event? _____

_____

Are there any additional comments about your hair that you want to share? _____

_____

Female Patients

If you are premenopausal, do you have a regular 28-day cycle? _____

Do you use any form of hormone-based contraception? _____

If you are post-menopausal, at what age did you go through menopause? _____

Do you use hormone replacement therapy? _____

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

NAME: _____ **DOB:** _____

ADDRESS: _____

I Authorize DermWellesley, LLC to:

☐ **Send** copies of your medical record (or discuss information with) the provider / person / facility below.	☐ **Receive** copies of your record from (or discuss information with) the provider / person/ facility below.

Name of Provider/Person/Facility: _____

Full Address: _____

Office Phone: _____ **Office Fax:** _____

Information to be Disclosed:

- ☐ Progress Notes
- ☐ Pathology/Lab Report(s)
- ☐ Operative Notes
- ☐ Cosmetic Notes
- ☐ Entire Medical Records

Restrictions: Only medical records originated through this healthcare facility will be copied unless otherwise requested. This authorization is valid only for the release of medical information including the date on this authorization unless other dates are specified. . The records above may be faxed in the case of medical necessity. This authorization may be canceled at any time by submitting a written request to DermWellesley LLC.

I have read the above foregoing Authorization for Release of medical Information and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization.

_____ _____

Patient/Representative Signature *Date*

_____

Printed Name of Authorized Representative

Parent/Guardian signature required for patients less than 18 years of age:

_____ _____

Signature *Date*