



# PATIENT INTAKE FORM

Today's Date: \_\_\_\_\_ How did you hear about us?: \_\_\_\_\_ **DR. THROWER'S**

**Social Media Website Online Search Referral Other:**

Please circle if you authorize Dr. Thrower's Dermatology & Medspa to send you appointment reminders via text message: **YES / NO**

### PATIENT INFORMATION

Please give your I.D. to the receptionist.

<b>Patient's Last Name:</b>		<b>First:</b>		<b>MI:</b>	<b>Sex:</b>
Date of Birth:	SSN:	Occupation:			
Address:			Apt/Unit:	City:	
State:	Zip Code:	Email:			
Race:	Ethnicity:	Cell Phone:	Work Phone:		
Primary Care Physician:			Office Phone:		

**For WOMEN only:** Are you currently pregnant? **Yes / No**

**UNDER 18 years old?:** Guardian Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

<b>Chief Complaint:</b>	<b>Duration of Chief Complaint:</b>
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### INSURANCE INFORMATION

Please give your insurance card to the receptionist.

Is patient covered by insurance? **Yes / No**

Primary Insurance Carrier: **Avmed Blue Cross Blue Shield Humana Simply Devoted Medicare**

Subscriber's Name:	Subscriber's Date of Birth:
Policy Number:	Group Number:

Patient's relationship to subscriber: \_\_\_\_\_

### PHARMACY INFORMATION

Name of Pharmacy:	City/Zip Code:	Pharmacy Phone:
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### ACCOUNT PRIVACY

**Who can have access to your account information?**

### IN CASE OF EMERGENCY

Emergency Contact:	Relationship to Patient:	Cell Phone:	Work Phone:
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### INFORMED CONSENT

I hereby agree that the information on this form is accurate to the best of my knowledge. I voluntarily consent to medical treatment performed by Dr. Thrower's Dermatology and Medspa, and acknowledge that a cure or improvement is not guaranteed. I also consent to release any information to the insurance company and authorize my insurance benefits be paid directly to Dr. Thrower's Dermatology and Medspa. I also understand that I am financially responsible for any unpaid balance.

\_\_\_\_\_  
**Patient/Guardian Signature**

\_\_\_\_\_  
**Date**





## FINANCIAL POLICY

Thank you for selecting Dr. Thrower's Dermatology and Medspa for your dermatological and aesthetic care. We are committed to provide quality and compassionate medical care. Please understand that payment is expected for services rendered.

### PAYMENT OPTIONS

Payment for all medical spa procedures is due when services are rendered. For specially packaged or grouped treatments, payment for the entire package is due at the time of the first scheduled treatment. A credit card is required for a deposit to reserve an appointment for treatment scheduled in advance. We provide a number of payment options which may be used individually or combined according to your desires:

- MAJOR CREDIT CARDS: VISA, MasterCard, and American Express
- FINANCING/CARE CREDIT: Our staff can assist you in obtaining a special line of credit through third-party providers for financing medical procedures, if you wish. Please note that all checkouts and transactions completed through third-party financing providers are 100% nonrefundable.
- AFTER PAY (For product purchase only)

Please initial next to each of the following terms to confirm that you have fully read, understood, and agree to the contents outlined below.

\_\_\_\_\_ **Patient Payments:** Co-payment, deductibles, services not covered by your insurance plan or outstanding balances are due at the time of your appointment (per your contract with the insurance).

\_\_\_\_\_ **Insurance Payments:** We participate and assignment of payment with specifically approved insurance plans in the area. When the correct insurance information is provided, we will submit your claims as a courtesy to you, our patient. Your insurance coverage is a contract between you and your insurance plan. You are responsible for unpaid balances left on your account regardless of the amount your insurance coverage.

\_\_\_\_\_ **Referrals/Authorization:** It is your responsibility to obtain any referral/authorization required by your insurance carrier prior to services being rendered. Failure to obtain the required referral/authorization will result in you being responsible for the full balance.

\_\_\_\_\_ **Self-Pay:** Patients who are not billing a third party or health insurance are required to pay an office visit at the time of service at check-in. Any additional products, services and procedures requiring services at a facility are paid to the office at check-out. If payment cannot be provided at the time of service, the procedure will need to be rescheduled.

### NO REFUNDS FOR SERVICES ALREADY PROVIDED

\_\_\_\_\_ In the event that a treatment, package or series of treatments has been purchased, begun treatment or not, these services will be considered to have been rendered even though the full series may not have been completed. Should you wish to discontinue your treatment in the midst of a series, credit for the pro-rata share of unused treatments at the discounted package price may be extended and may be used to purchase other treatments or products offered by the Medspa, it may NOT be transferred to another individual to be used in exchange for treatments or products of comparable value to the credit.

### NO REFUND POLICY.

\_\_\_\_\_ A deposit of \$50 will be collected at the time of scheduling an aesthetic appointment with the Nurse Practitioner. If you choose to cancel your treatment for any reason more than 24 hours, the \$50 fee will remain non-refundable but may be applied to a future procedure up to 60 days.

\_\_\_\_\_ The cost of your treatment will be collected in full at the time of your appointment. After your treatment appointment and services are rendered, there are no refunds given. If you have any questions regarding our financial or refund policy, feel free to contact our Patient Care Coordinator or Office Manager.



**TREATMENT AND FINANCIAL AGREEMENT TERMS, CONDITIONS, DISCLAIMERS AND REFUND POLICY:**

- I fully understand and agree to treatment of the listed areas, and agree to pay Dr. Thrower's Dermatology and Medspa, the price quoted.
- I clearly understand that my payment is for the procedure(s) performed during the term of the agreement and not for any specific result. I understand that results are not 100% guaranteed. I understand that results will vary.
- Additional treatments may be obtained at an additional price.

Any and all medical cosmetic injectable services which are administered are not refundable. Sexual wellness treatment including P-Shot and O-Shot is not guaranteed science. Every client will experience Botox or Dysport, Kybella or Hyaluronic Dermal Fillers differently. The risk of ptosis, raised muscle, lower muscle, swelling, redness or vascular occlusion has been explained prior to treatment. Allergic reaction will be treated, and any event of an allergic reaction or adverse reaction is a risk with every client experiencing such an event will not constitute a refund of the completed treatment.

It is important to understand that results may vary depending on individual factors and circumstances when receiving the following services. Outcomes can be influenced by factors such as personal health, skin type, and adherence to aftercare instructions, among others. Therefore, while we strive to achieve the best possible results, variability should be expected. The client agrees to the injection treatment, understanding the associated risks and having realistic expectations of the potential results. Medications are administered as approved and ordered by the facility medical provider. Needles have a great risk of causing trauma and bruising along with swelling, redness and tenderness. These reactions are expected and normal with aesthetic injectables.

Aesthetic medications are administered by a certified aesthetic injection provider and include on-label and off-label treatment areas based on the client's desire and need as ordered. In dermatology, on-label treatments are those used as approved by the FDA for specific conditions, while off-label treatments are used for unapproved conditions or in ways not explicitly authorized, often based on clinical evidence or expert opinion. Off-label use is common in dermatology when treatments show promise for other conditions. An on-label example is a topical corticosteroid prescribed for eczema, as it's FDA-approved for this use, while an off-label example is using isotretinoin, an acne medication, to treat severe rosacea, despite it not being FDA-approved for that purpose.

**Medical Forms:** The completion of disability forms, attending physician statements and other supplemental insurance forms require additional physician and staff time. A fee of \$20.00 will be charged for these forms.

**Collection Agencies:** If it becomes necessary to place your account with a third party collection agency due to your non-payment, the account of the person responsible will be turned over to collections, and the patient will be dismissed from our practice.

**Your signature on this page constitutes an agreement to this policy.**

**I have read and agree to the above policies and authorize payment directly to Dr. Thrower's Dermatology and Medspa, for medical benefits.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## **HIPPA - NOTICE OF PRIVACY POLICIES AND PRACTICES**

**DEAR PATIENT:**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.**

### **INTRODUCTION**

We are committed to treating and using protected health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **UNDERSTANDING YOUR MEDICAL RECORD I HEALTH INFORMATION**

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Each time you visit a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, pictures, treatment as well as other pertinent healthcare data.

This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data for planning and I or marketing
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

### **YOUR RIGHTS**

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You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

### **OUR RESPONSIBILITIES**

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Is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/ locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

## **HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION**

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**We will use your health information for treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests, pictures, and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**We will use your information for payment.** Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

**We will use your information for regular health operations.** Your health information/pictures may be used as necessary to support the day-to-day activities and management of Dr. Thrower's Dermatology and Medspa. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Business Associates.** In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these "business associates" might be a billing service, collection agency, answering services and computer software/hardware provider.

**Communication with family.** Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

**Research | Teaching | Training.** We may use your information/pictures for the purpose of research, teaching, and training.

**Healthcare Oversight.** Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Appointment reminders.** The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are sent via automated telephonic brief message may be left on your voice mail. If you don't approve of these methods, or, if you prefer alternative methods (i.e., email) please inform the practice.

**Other uses and disclosures.** Disclosure of your health information/pictures or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

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If you have complaints, questions or would like additional information regarding this notice or the privacy practices of Dr. Thrower's Dermatology and Medspa please contact:

Dr. Thrower's Dermatology and  
Medspa  
17901 NW 5TH ST SUITE 205  
PEMBROKE PINES, FL 33029

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

OFFICE FOR CIVIL RIGHTS  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C., 20201

## Authorization for Electronic Communications

By providing your cell phone number, you have opted-in to provide us with consent to send you text messages in conjunction with the services you have requested. Your cellular provider's Message & Data Rates may apply to our confirmation message and all subsequent messages. You understand the text messages we send may be seen by anyone with access to your phone. Accordingly, you should take steps to safeguard your phone and your text messages if you want them to remain private. [NO CONFIDENTIAL INFORMATION SHOULD BE SENT VIA TEXT MESSAGE]. By opting in, you also understand that you are not required to opt in as a condition of purchasing any of our goods or services.

By executing this agreement, you authorize the person making or allowing a telephonic sales call to be made by telephone call, text message, or voicemail transmission to deliver or cause to be delivered to the called party a telephonic sales call using an automated system for the selection and dialing of telephone numbers, if applicable, the playing of a recorded message when a connection is completed to a number called, or the transmission of a prerecorded voicemail.

Please notify us immediately if you change mobile numbers or plan to provide your phone to another person. If we modify this Text Message Policy, we will notify you by sending you a text message with a link to the new policy. We may terminate our text message program at any time. If you have any questions about this policy, would like us to mail you a paper copy of this policy or are having problems receiving or stopping our text messages, please contact us using the following information: Dr. Thrower's Dermatology and Medspa, 17901 NW 5<sup>th</sup> Street Suite 205 Pembroke Pines, FL 33029. Phone Number: 305-757-9797, Email: info@drthrowersmedspa.com You agree and consent to be contacted by the Company , Our agents, employees, attorneys , affiliates, subsequent creditors, loan servicing companies, and third-party collectors through the use of email, and/or telephone calls and/or SMS text messages to your cellular, home or work phone numbers , as well as any other phone number you have provided in conjunction with this account , including the use of automatic telephone dialing systems , auto-dialers, or an artificial or prerecorded voice.

Opt-out or STOP This policy applies to the text messages sent by Dr. Thrower's Dermatology and Medspa to our customers while and after they use our product. If you wish to stop receiving text messages from by Dr. Thrower's Dermatology and Medspa, reply to any text message we have sent you and, in your reply, simply type STOP. Your stop request will become effective within one day. You may also stop text messages by calling us or emailing us using the following: Dr. Thrower's Dermatology and Medspa, 17901 NW 5<sup>th</sup> Street Suite 205 Pembroke Pines, FL 33029. Phone Number: 305-757-9797, Email: info@drthrowersmedspa.com

Help or Support If at any time you need our contact information or information on how to stop text messages, reply to any text message we have sent you and, in the reply, text simply type HELP. Upon receiving your text message, we will send you a text message with this information. In general, the messages we send provide you with information about your account. Some of the text message we send may include links to websites. To access these websites, you will need a web browser and internet access.

AGREEMENT TO RECEIVE TELEMARKETING TEXT MESSAGES By signing this section, you authorize Dr. Thrower's Dermatology and Medspa to send marketing text messages to the mobile number you have provided and that is listed below using an automatic telephone dialing system. You are not required to authorize marketing text messages to obtain credit or other services from us. If you do not wish to receive, sales or marketing text messages from us, you should not sign this section. You understand that any messages we send you may be accessed by anyone with access to your text messages. You also understand that your mobile phone service provider may charge you fees for text messages that we send you, and you agree that we shall have no liability for the cost of any such text messages. At any time, you may withdraw your consent to receive marketing text messages by calling us at 305-757-9797. Alternatively, simply reply "STOP" to any marketing text message that we send you.

X

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Signature of Patient Completing Form

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Date





ANGELO P. THROWER, M.D.  
17901 NW 5th St, Suite 205 Pembroke Pines, FL  
33029 Tel: 305-757-9797 • Fax: 305-757-9267  
info@drthrowersmedspa.com

## **HIPPA - NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT**

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of *Dr. Thrower's Dermatology and Medspa*. Our Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read our full Notice.

ACKNOWLEDGEMENT OF RECEIPT: I acknowledge receipt of the *Notice of Privacy Practices of Dr. Thrower's Dermatology and Medspa*

_____ Name of Patient (please print)	_____ Date of Birth
_____ Signature of patient or patient representative	_____ Date

### **FOR OFFICE USE ONLY**

*(For use when acknowledgment cannot be obtained from the patient.)*

- Patient refused to sign.
- Patient was unable to sign or initial because:  
\_\_\_\_\_  
\_\_\_\_\_
- The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other reason (describe below):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Completing Form

\_\_\_\_\_  
Date



## MEDICAL APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to Dr. Thrower's Dermatology and Medspa. When you schedule an appointment with us, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24-hours prior to your scheduled appointment. Please see our Appointment Cancellation/No Show Policy below:

- Any patient who fails to show or cancel/reschedule an appointment and has not contacted our office with at least 24 hours' notice will be considered a No Show and charged a \$25 fee.
- Any patient who fails to show or cancel/reschedule an appointment with a 24-hour notice a second time will be charged a \$50 fee.
- If a third No Show or cancellation/reschedule without a 24-hour notice should occur the patient may be dismissed from Dr. Thrower's Dermatology and Medspa.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.
- As a courtesy to the patient, we give reminder calls &/ text message for the appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

*We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our Office Manager, who may be able to waive the NoShow fee. You may contact Dr. Thrower's Dermatology and Medspa during our business hours 5 days a week at the number listed above. Should it be after regular business hours or a weekend, you may leave a message.*

I have read and understood the Medical Appointment Cancellations/No Show Policy and agree to its terms.

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Signature (Patient or Legal Guardian)

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Relationship to Patient

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Printed Name

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Date



Welcome to Dr. Thrower's Dermatology and Medspa

These are some of the services that we offer, **please check-off what you** are interested in and we will provide a consultation during your visit.

**KEEP THIS FORM WITH YOU TO YOUR VISIT.**

\_\_\_\_\_ FACIAL BOTOX (CHIN, LIP FLIP, FOREHEAD, JAWLINE, BUNNY LINES, SMILE LINES, PLATYSMAL BANDS)

\_\_\_\_\_ FILLER FOR UNDER EYE, CHIN, CHEEK/MIDFACE, SMILE LINES, AND JAWLINE

\_\_\_\_\_ PLATELET RICH PLASMA FOR HAIR RESTORATION

\_\_\_\_\_ LASER HAIR REMOVAL

\_\_\_\_\_ LASER SKIN REJUVENATION

\_\_\_\_\_ MOLE REMOVAL

\_\_\_\_\_ FACIALS (ACNE, DELUXE, AND HYDROFACIAL)

\_\_\_\_\_ MEDICAL GRADE CHEMICAL PEELS

\_\_\_\_\_ PRP FACIAL SKIN REJUVENATION FOR PORE REDUCTION, SCARS, AND TEXTURE IMPROVEMENT

\_\_\_\_\_ BODY CONTOURING AND FAT REDUCTION

\_\_\_\_\_ SKIN DISCOLORATION PRODUCTS

\_\_\_\_\_ VITAMIN IM INJECTIONS & IV NUTRITIONAL THERAPY

\_\_\_\_\_ GLUTATHIONE TREATMENTS FOR DISCOLORATION

\_\_\_\_\_ MICRONEEDLING FOR FACE AND BODY REJUVENATION

\_\_\_\_\_ DIAMOND MICRODERMABRASION

\_\_\_\_\_ SCALP MICRONEEDLING

\_\_\_\_\_ TEETH WHITENING

\_\_\_\_\_ LASER FOR NAIL FUNGUS (PFB)

\_\_\_\_\_ LASER FOR SHAVING BUMPS

○ **Please check the circle if you are not interested in any of the**

**services above & return to the front desk receptionist.**