



Dermatology OF Seattle

Your Skin & Surgery Center

Patient “Bill of Rights” and Responsibilities

- Patients and their property are treated with consideration, dignity and respect, without harassment, abuse, discrimination, reprisal, retribution or denial of care. Patients have the right to be protected from abuse and neglect, and have access to protective services.
- Patients have the right to appropriate privacy, confidentiality, security, spiritual care, and communication, provided in a safe setting, and in a sanitary environment. In the event that communications restrictions are present, such as language barriers, Dermatology of Seattle Surgery Center will make reasonable attempts to communicate in the manner primarily used by the patient.
- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person. Family input in care decisions will be provided in compliance with existing legal directives of the patient or existing court-issued legal orders.
- Patients are given the opportunity to participate in decisions involving their healthcare, including right to refuse care and treatment, and ability to resolve problems with care decisions, except when such participation is contraindicated for medical reasons.
- Patients have a right to know the services available, agree to their care and be fully informed about their treatment and expected outcome. The patient have a right to be informed of unanticipated outcomes.
- Patients have a right to be informed of provisions for after-hour and emergency care if needed.
- Patients have a right to know the facility fees for services and payment policies.
- Patients have a right to be informed of patient rights, conduct and responsibilities.
- Patients have a right to refuse to participate in experimental research. Patient’s access to care will not be hindered by refusal to participate in research. Patients will be provided informed consent for any research, investigation and clinical trials.
- Patients have a right to be notified of the center’s policy on Advance Directives, as required by state of federal law and regulations.
- Patients have a right to know the name and credentials of health care professionals providing their care.
- Patients have the right to change their provider if other qualified providers are available.
- If a patient is not competent to make decisions regarding their care, a legal representative or surrogate designated by the patient may exercise the patient’s rights, to the extent of the laws of our state.
- Patients are informed about procedures for expressing suggestions, complaints and grievances, including those required by state and federal regulations.
- Patients have a right to timely complaint resolution. The timeframe for resolution of all grievances at Dermatology of Seattle Surgery Center is defined as 14 days or less.

Patients have the right to file grievances regarding treatment or care that fails to be furnished. Please contact one of the following if you have complaints or grievances:

- Dermatology of Seattle Surgery Center Administrator 206-988-6836;
- Dermatology of Seattle Surgery Center Owner, Elie Levy MD,PC, 206-248-5020;
- HSQAComplaintIntake@doh.wa.gov PO Box 47857, Olympia, WA 98504-7857 TTY Users dial 711 for the Washington Relay Service HSQA Complaint Intake: Phone: 1-800-633-6828; Fax: 360-236-2626;

- Office of the Medicare Beneficiary Ombudsman Phone: 1-800-MEDICARE
The Medicare Beneficiary Ombudsman is available to help patients understand their rights, protections and options. www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman/html

Patient (and/or surrogate) Responsibilities require the patient to:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by his/her provider.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Inform his/her provider about any living will, medical power of attorney, or other advance directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be respectful of all the health care providers and staff, as well as other patients.



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NOTICE TO ALL PATIENTS: OUR POLICY ON ADVANCED DIRECTIVES

In accordance with Washington State law (*RCW 70.122.060*), this center must inform you that we have an ASC-wide conscious objection to honoring Advance Directives. If a patient has a complication, we will always attempt to resuscitate and transfer the patient to the hospital. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

**IF YOU WOULD LIKE MORE INFORMATION REGARDING ADVANCED DIRECTIVES,
PLEASE ASK THE SURGERY CENTER NURSE MANAGER OR THE PRACTICE
ADMINISTRATOR.**

The Ambulatory Surgery Center is part of Aesthetic & General Dermatology of Seattle, which is under the ownership and direction of Dr. Elie Levy.

FINANCIAL POLICY

We are Medicare participating providers. We will bill Medicare and Medigap carriers. However, you are responsible at the time of service for payment of: co-payments and charges for non-covered or cosmetic services. You will be asked to sign an Advanced Beneficiary Notice of Liability Form in the event that a service is provided which may not be covered by Medicare. Please let us know if you are in a Medicare Advantage plan, or an HMO—simply presenting a Medicare card is not sufficient if you are on one of these plans.

If we participate (are contracted) with a commercial insurance plan, under which you are covered, we will bill the carrier for all covered, medically necessary services rendered. We will bill both your primary and secondary insurance plans. You will be responsible at the time of service for payment of: co-payments and charges for non-covered or cosmetic services. In the event that you, as the patient, or we, as the physicians, are not aware of a charge that is not covered by your plan, you will be responsible for the balance after we obtain a denial from your insurance carrier.

Please be advised that all specimens removed from patients are sent for pathological examination. There will be an additional charge from us or CellNetix for this examination.

Some surgical procedures performed at Aesthetic & General Dermatology of Seattle are performed in our Ambulatory Surgery Center. A separate facility fee in addition to the fee for your provider's professional services may be incurred. If our facility is out of network with your insurance then we will accept what your insurance pays for this fee, and bill you the remainder—up to a total paid amount between insurance and patient of \$299.

For non-Medicare patients who have insurance coverage with an insurance carrier with which we do not have a contractual relationship, please note the following: You may be asked to prepay the entire bill. Any amount not paid by your insurance company will be your responsibility. If we are not contracted with your plan, we are not obligated to adjust our charges based on your plan's coverage or benefits. Any remaining balance will be due with your monthly statement.

- I understand that I am financially responsible for all charges whether or not paid by insurance.
- Insurance coverage is NOT a guarantee of payment for services provided by my healthcare provider including preventive, routine screening, vaccinations, or procedures considered cosmetic in nature.
- It is my responsibility to understand my insurance benefits.
- It is my responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by my insurance.
- Co-payments mandated by my insurance company may not be printed on my insurance card. I understand that co-payments are due at the time of service. It is my responsibility to notify the receptionist upon arrival that a co-payment is due. Exceptions to co-payments are at the discretion of the Practice Administrator.
- I have been informed that payment is due upon the receipt of my monthly statement.
- Should I have no insurance I understand that payment in full is due at the time of service.

Signature: _____ Today's Date: ____/____/____



Pre Operative Instructions

Please take **ALL** of your usual medications, unless instructed otherwise.

If you are taking a blood thinner such as Warfarin, Eliquis, or Aspirin, please discontinue use 2 days prior to your scheduled procedure. You may restart your medication 24 hours after the procedure.

You will receive a local numbing agent for your surgery. You may eat and drink normally. You may drive yourself to surgery.

If you are having surgery on your leg, please refrain from shaving the leg for 5 days prior to surgery. If your surgery is scheduled less than 5 days in advance, please refrain from the time you receive these instructions.

Showering the evening or morning before surgery and wearing freshly laundered clothes will help reduce the chance of infection.

Please refrain from putting any lotion, cream, makeup, or fragrance on the surgical site prior to your appointment.

If you have asthma and use an inhaler please bring that with you the day of your procedure.



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Wound Care

- Do not remove bandage for the first 48 hours. Keep area clean and dry.
- After 48 hours, you may then remove the bandage. Gently cleanse the wound twice a day with soap and water.
- You may get the wound wet while showering.
- Keep the wound open to air. You may gently apply the EltaMD SilverGel Antimicrobial below (\$28) to improve healing and scarring.
- Sutures/Staples will be removed 7-10 days after surgery.



Activity

- No heavy activities for the first 3 days.
- No swimming or use of hot tubs until wound is fully healed.

Pain Management

- You should not experience much discomfort, if so, take Tylenol (acetaminophen) 650mg every 6 hours.
- If swelling occurs, apply an ice pack in 20-minute intervals for the first 24hours.

Things to Watch For

- If bleeding occurs, apply firm direct pressure to the area for 20 minutes until bleeding stops. If the bleeding continues, please call the office at **(206) 248-5020** a provider is available 24/7.
- Call the office should you experience any signs or symptoms of infection. Signs or symptoms include fever greater than 100.5°F, any discharge from the area, which is white or greenish in color, or if discharge has a foul smell.
- Some swelling and bruising may occur and should improve within a week.
- There may be some redness and bumpiness of the scar up to 3-10 weeks after surgery.
- Keep in mind it may take up to 6 months for the scar to mature, giving us an idea of how it may look in the future.

Reminder

- Patients should be seen on a yearly basis for a full skin exam.
- Skin Cancer Patients: Please make appropriate appointments based on history for a full skin exam.
 - Malignant Melanoma: Every 3 months for the next two years
 - Squamous Cell Carcinoma: Every 4 months for the next two years
 - Basal Cell Carcinoma: Every 6 months