



GENERAL TREATMENT POLICIES

APPOINTMENT ARRIVAL POLICY

In order to give you and all of our patients the best possible care, we request that you complete your health history via our online portal prior to your scheduled appointment time. Our office will provide you with the link and the instructions to do this. Please contact our office if you have any problems accessing this link or completing your paperwork. We ask that you arrive 10 minutes early for your appointment as there may be signatures or additional paperwork needed. Arriving early will help keep your appointment from being shortened. We cannot extend your assigned treatment time in consideration for our other guests.

CANCELLATION AND MISSED APPOINTMENT POLICY

We request that you review our policy regarding missed and/or cancelled appointments. Our office realizes that there are many things that come up in people's day to day lives. While truly sympathetic, we have designated time and personnel for your individual treatment. Consequently, there will be a charge for any missed appointments.

We consider an appointment "missed" if you fail to show up for a scheduled service without a phone call or without cancellation notice at least 48-72 hours prior to your appointment. If you fail to give us sufficient notice of your cancellation, the following policy will be applied:

SKIN CONSULT / AESTHETIC TREATMENT

Please call our office *at least* 48-hours in advance in order to avoid a missed appointment or late cancellation charge. There is a \$25.00 missed appointment fee. For appointments allotted more than 1 hour, the fee will be \$25.00 per *hour* of scheduled appointment.

COOLSCULPT APPOINTMENT

Please call our office *at least* 48-hours in advance in order to avoid a missed appointment or late cancellation charge. There is a \$25.00 missed appointment fee. For appointments allotted more than 1 hour, the fee will be \$25.00 per *hour* of scheduled appointment.

VEIN CONSULT / SCLEROTHERAPY TREATMENT / ULTRASOUND APPOINTMENT

Please call our office *at least* 48-hours in advance in order to avoid a missed appointment or late cancellation charge. There is a \$25.00 missed appointment fee. For appointments allotted more than 1 hour, the fee will be \$25.00 per *hour* of scheduled appointment.

SCHEDULED SURGERY

Please call our office at least **72**-hours in advance of your procedure in order to avoid a missed appointment or late cancellation charge. You will be billed \$100.00 for any surgery not cancelled according to this policy.

**Please note, a statement will be sent for any late cancellation and no-show charges. If payment is not received within 30 days the charge will automatically be deducted from any remaining package balance or credit on the account.*

PAYMENT/PURCHASE POLICY

All fees are payable on the scheduled date of the procedure or purchase. We cannot apply discounts to previously purchased treatments, packages or dismantled packages. Specials cannot be combined with other discounts. Purchased packages cannot be broken up after purchase and are non-transferrable after the first treatment has begun. "Free" treatments have no value, if not used, there is no value to apply to other services. We accept cash, check, credit card and Care Credit.

STANDARD PACKAGE POLICY

Standard packages must be used within the prescribed treatment time (or 12 months for open-ended purchases) or the package will be dismantled and the residual value of the uncompleted packages will be reduced by single pricing of services already used. A 10% processing and service fee will be applied to any dismantled package. The remaining credit balance will be issued as a gift certificate, redeemable for cosmetic services or product according to our gift certificate policy which can be viewed on our website at www.wimedispa.com.

12 DAYS OF CHRISTMAS POLICY

The 12 days of Christmas annual special is deeply discounted with reimbursement rules that are separate from our standard refund policy. Our full 12 days policy can be viewed on our website at www.wimedispa.com.

PRICING AND QUOTE POLICY

Although we make every effort to keep our online presence and spa menu updated accordingly, please be aware that prices, services, and products are subject to change at any time without notice. Quoted services are good for 30 days from the date of the quote.

CELLULAR PHONE POLICY

In order for us to provide the best possible service, we kindly ask that you not use your cell phone during appointments.

NO CHILDREN POLICY

We love children...however, so we may provide a safe and comfortable experience to all of our guests, children are not allowed at Wisconsin Vein Center and MediSpa.

COMPRESSION HOSE POLICY

Vascular services require that you wear compression hose. Most insurance companies will not cover this purchase. It is our policy to collect the fee at the time of purchase. If you would like submit the claim on your own, we will be happy to supply you with the necessary paperwork. If you would prefer to purchase your hose at the pharmacy, our office will provide you with a written prescription. All compression hose sales are final.

PHOTOGRAPH POLICY

Photographs will be taken as part of your treatment and will be kept in your medical record for education and/or marketing purposes. Complete confidentiality regarding photographs will be maintained by our office.

MARKETING AND APPOINTMENT REMINDERS POLICY

Our practice notifies patients of upcoming appointments, specials and opportunities via email, text messages, and phone calls.

PROVIDER REQUESTS POLICY

We respect your desire to be with a particular provider but we may not always be able to meet special requests due to illness, vacations, and unforeseen changes.

GRATUITY POLICY

We are a professional medical office, so although we appreciate the thought, we cannot accept tips. If you would like to express your gratitude or satisfaction with our services, please feel free to leave a Google or Facebook review.

MEDICAL RECORDS POLICY

Patients have the right to inspect and obtain copies of their medical record and request an accounting of disclosures. Per federal regulations, we require a signed Medical Records Release Form prior to processing of duplicate copies of your records. If you would like to obtain a copy of your records, please contact us for the proper forms.

PATIENT IDENTIFICATION POLICY

To protect our patients and prevent the intentional or inadvertent misuse of patient names, identities, and medical records, we will request documentation of every patient's identity, address, and when applicable insurance coverage at the time of registration.

RETURN/REFUND POLICY

We do not offer refunds on products purchased. Products may be returned for in-house credit only, within 30 days from the date of purchase when there is a documented adverse reaction to the product. Defective products, (i.e., a broken pump) may be exchanged within 30 days for the same product only. All hosiery, make-up and supplement sales are final. Service refunds are not available. Our full refund policy can be viewed on our website at www.wimedispa.com.

UNUSED CREDIT POLICY

A gift certificate will be issued for any unused credit remaining on an account after 12 months of nonuse.

GIFT CERTIFICATE POLICY

Gift certificates issued for incomplete or unused credits or services will have a yearly decrease in value according to our Gift Certificate policy rules which can be viewed on our website at www.wimedispa.com.

CREDIT CARD REFUNDS POLICY

Refunds for credit card or Care Credit purchases will be issued in the same means that payment was taken. If a client is eligible for a refund and they paid by credit card, there will be a credit card processing fee of 6% deducted from the refund amount. If the original form of payment was cash or check, a check will be issued by our office for services eligible for refund.

CHAPERONE POLICY

This facility does not offer chaperones as part of a patient visit unless requested at the time of scheduling.

ELECTIVE PROCEDURE POLICY

Wisconsin Vein Center and MediSpa strives to provide high quality, affordable health care to our patients. Our staff is committed to keeping you and your family healthy and balanced at rates that are competitive and fair. We strive to achieve a level of excellence which is unequalled by other centers, and we hope that you will notice this in our care. All procedures performed in this office are elective. It is your decision whether you wish to proceed with any recommended treatment.

TREATMENT OUTCOMES POLICY

We value your trust and will be honest in our dealings with you. Please note, aesthetics is not an exact science and how you may respond to a given treatment will vary from person to person. Payments made for services are for treatments performed – not for a specific result, however we always strive to achieve the absolute best result that we can for you.

PATIENT PRIVACY POLICY

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) patients have certain rights to privacy regarding protected health information. In the general course of your treatment, your information may be used to:

- ♦ Conduct, plan and direct your treatment and follow-up among healthcare providers who may be involved in that treatment directly or indirectly.
- ♦ Obtain payment from third-party payers.
- ♦ Conduct normal healthcare operations such as quality assessments and physicians' certifications.
- ♦ Carry out normal healthcare operations such as appointment reminders, treatment alternatives and health related services conducted either by mail or phone.
- ♦ When appropriate, use and disclose a patient's information for statistical research.
- ♦ When required to do so, disclose health information when requested by international, federal, state or local law or to avert a serious threat to health or safety.

This organization reserves the right to change its Notice of Privacy Practices at anytime. If you would like to review a current copy of our policy, please contact the office.

MEDICARE/MEDIGAP AUTHORIZATION (For Medicare Beneficiaries)

Payments of the authorized Medicare Benefits will be made on your behalf to Deborah L. Manjoney, MD and or her affiliates, for any services furnished by this provider or organization. By signing, you authorize any holder of medical information about you to be released to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. This authorization is in effect until you choose to revoke it in writing.

TREATMENT AND BILLING OF SERVICES POLICY

Understand that you are authorizing and consenting to the performance of examinations, diagnostic procedures, and treatments which you and your attending physician/clinician agree upon. All procedures in this office are elective. By accepting treatment, you authorize the physician/clinician to release any information acquired in the course of your examination and/or treatment to specified physicians and/ or your insurance company as necessary. Payments of services rendered are to be dispersed directly to Deborah L. Manjoney, MD and/or her affiliates.

You are financially responsible for all cosmetic services. Insurance deductibles, copayments and coinsurance amounts along with any amounts for non-covered and not medically necessary services are your responsibility. All patient portions (to include applicable deductibles, copayments, coinsurance and non-covered services) will be due at the time of service. *If you are unable to pay your patient portion in full, treatment will be postponed until payment is made.* We accept cash, personal checks, American Express, Discover, Visa, MasterCard and Care Credit. This consent shall remain in effect until you choose to revoke it in writing.

A detailed listing of all of our policies is listed on our website at www.wimedispa.com and available for viewing at the office.