

Dear Client,

Welcome to Kass Clinics! We understand that you are making a very important decision because your body is with you for the rest of your life. So, we will provide you with detailed, individualized information to help you make an informed, intelligent decision. Our relationship with you as a client begins with an accurate understanding of your goals. We will provide you with detailed information to assist you in making an educated choice regarding treatment options that will help you reach your desired outcome.

Enclosed you will find information describing some common procedures and their potential benefits. The information is intended to create a comfortable visit to our office, and to assist you in preparing questions to ask during your initial cosmetic consultation.

Plan to spend a total of 45 minutes in our office on the day of your appointment. Our highly trained providers will speak with you regarding your concerns and goals, as well as, conduct a screening to determine what treatment options will best give you the results that you desire. The potential benefits of the procedures that interest you will be thoroughly explained and all of your questions will be answered at this time. You will then meet with one of our client coordinators to explain the pricing of your recommended treatment plan.

We congratulate you on making the important decision to explore cosmetic treatment options. If you need to cancel or reschedule your appointment, please call us at least 72-hours in advance. If there is any additional information that we can provide, please call our office at 952-926-3311. We look forward to seeing you at your appointment.

Sincerely,

Kass Clinics  
Enclosure



Reveal a whole new you.™

# kassclinics

· VEIN THERAPY · HEALTHY AGING · HEMORRHOIDS · COSMETIC CARE

## Cosmetic Intake Form

### Patient Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Please indicate which phone number is your primary line.

Home: \_\_\_\_\_  Work: \_\_\_\_\_  Mobile: \_\_\_\_\_

Single  Other  Married Name of Spouse: \_\_\_\_\_

Would you like to receive informative or promotional materials via mail or email?  Yes  No

### Referred By:

Web/Internet

Yellow Pages

Radio

TV  Newspaper

Billboard

Other \_\_\_\_\_

Friend: \_\_\_\_\_  Physician: \_\_\_\_\_

### Emergency Contact Information

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Employment

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

### Procedures

Body Contouring

Fillers

Skin Care

Laser Hair Removal

Botox

Varicose and Spider Vein

### Medical History

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Have you had or will you have any of the following procedures especially in the area being treated? (Check all that apply)

Plastic Surgery

Laser Skin Resurfacing

Cancer Surgery

Dermabrasion

Photodynamic Therapy

Chemical Peels

TCA/Blue Peel

Botox or Fillers

Please list all surgeries, including the dates, which you have had.

\_\_\_\_\_

(Check all that apply)

Heart Disease/Pacemaker

Polycystic Ovaries

Acne

Thyroid Disorder

Irregular Periods

Cold Sores

Kidney Disorder

Skin Disorders

Neuro-muscular Disease

Diabetes

Eating Disorders

Stress

High Blood Pressure

Hepatitis A B C

HIV

Metal/Silicone Implants

Liver Disease

Back/Neck injury or Surgery

Bleeding/Clotting Disease

Seizures

Keloid Scars

Cancer

Pigment Changes

Auto-immune Disorders



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Other: \_\_\_\_\_

Allergies: Antibiotics                      Latex                      Anesthetics                      Other: \_\_\_\_\_

Medications that you are currently taking: \_\_\_\_\_

Do you smoke?                       No                       Yes                      Amount per day: \_\_\_\_\_

Do you drink?                       No                       Yes                      Amount per day: \_\_\_\_\_

Are you pregnant?                       No                       Yes

Are you breast-feeding?                       No                       Yes

### Laser Hair Removal

Have you taken Accutane:                       No                       Yes                      Date last taken: \_\_\_\_\_

Have you had sun exposure, tanning booths, or self-tanner in the last month?  No                       Yes

Have you ever had an adverse reaction or complication from a past laser or skin care treatment?  No                       Yes

Explain: \_\_\_\_\_

Do you wear contact lenses?                       No                       Yes, It is advisable to remove contact lenses prior to having eye protective goggles applied for laser treatments.

How are you managing your hair? (Circle)

Tweezing                      Waxing                      Shaving/Cutting                      Electrolysis

Cream Depilatory                      Laser                      None                      List areas requiring treatment: \_\_\_\_\_

Do you currently use or have sensitivities to the following

|                          | <b>USE</b> | <b>SENSITIVITY</b> |
|--------------------------|------------|--------------------|
| Retin-A/ Retinols        | _____      | _____              |
| Glycolic/Salicylic Acid  | _____      | _____              |
| Benzoyl Peroxide         | _____      | _____              |
| Topical Vitamin C Serum  | _____      | _____              |
| Skin Bleaching Products  | _____      | _____              |
| Rogaine/Propecia         | _____      | _____              |
| Steroid                  | _____      | _____              |
| Topical/Oral antibiotics | _____      | _____              |
| Aspirin/Ibuprofen        | _____      | _____              |
| Blood Thinners           | _____      | _____              |
| Spirinolactone/Aldactone | _____      | _____              |
| Metformin/Glucophage     | _____      | _____              |
| Birth Control Pills      | _____      | _____              |
| Depoprovera              | _____      | _____              |
| Hormone Replacement      | _____      | _____              |
| Herbal Supplements       | _____      | _____              |
| Other _____              | _____      | _____              |



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Kass Clinics Consent

## **Cancellation Policy**

When an appointment is scheduled for our patients they are required to secure the appointment with a deposit. Please plan your arrival accordingly to allow for weather, traffic, etc. If you arrive late for your appointment or your paperwork, if applicable, is not completed prior to your arrival it may result in your appointment being shortened or cancelled. A missed appointment or cancellation/rescheduling without a 72-hour notification will incur a charge equal to the deposit taken for the appointment or the cost of the treatment scheduled, if you have a service package. For our vein procedures, if you have an in network insurance company you will be charged this fee separately, as you are not required to leave a deposit for your in network insurance procedure appointments.

## **Insurance Policy**

If you are being treated for vein disorders, we will submit your medical claims to your medical insurance, if it applies to your condition. In many cases your insurance company may cover all or a portion of the evaluation, diagnostics, and procedures. However we cannot guarantee this and you are responsible for payment of services rendered. Kass Clinics is in-network with Blue Cross Blue Shield, Preferred One, Medica, United Healthcare, and their secondary networks.

Waiting for insurance payment is a courtesy provided by this clinic. Kass Clinics reserves the right to withdraw this courtesy at any time. Our billing center will bill your insurance company and we will wait a limited period of time to receive payment from you and or your insurance carrier. Kass Clinics must receive complete insurance coverage information and verification prior to the procedure. This is your responsibility. In order for Kass Clinics to receive appropriate payment, you are to contact your insurance company for the correct and complete requirements such as coverage parameters, pre-certification and pre-authorization policies, referrals, deductibles, co-payments, group number and a correct billing address. Insurance co-pays, co-insurance, deductible amounts and MN care tax are the patient's responsibility and are usually due once insurance payment has been received.

Kass Clinics does not promise that an insurance company will pay. In the event that the insurance company disputes or rejects the claim, the patient will be responsible for payment. All charges incurred in the actions necessary to collect these claims, including legal, court, collection, administrative, etc. will be the patient's responsibility and added to their bill. If the patient received payment from their insurance carrier the patient is responsible for bringing the payment to Kass Clinics immediately upon receipt and endorse it over to the clinic or mail a personal check of equal value. Failure to do this will result in late charges and or collection action. A late charge of 1.5% will be added monthly to any patient-owed outstanding balance, not paid in full, by the due date. If this exceeds 90 days, your account will be turned over to a collection agency. We accept cash, check, Visa, MasterCard, American Express, and Discover.

For all out-of-network insurance companies and self pay patients, you will be responsible for the cost of your procedures upfront. You will be required to leave a deposit to schedule the procedure and the remaining balance is due on the day of the procedure. We will submit your claims to your out of network insurance company, if you have one, and upon payment from your insurance company you will then be refunded any difference that is owed to you.

## **Payment Policy**

Failure to remit payment, for which you are deemed responsible, in a timely manner, can have many negative implications for the patient/client. These include, but are not limited to a collections agency or to our corporate attorney for possible litigation. If such actions are necessary, the patient will be responsible for all costs with collection of fees whether through an agency or through legal means, including but not limited to attorney's fees, court costs, and costs for collection agencies.

### **Deposit's:**

All Consultations: \$50.00  
Sclerotherapy Treatment: \$75.00  
EVLV Surgery: \$1,000.00

Botox and Skin Care Procedures: \$75.00  
Full Work Up: \$350.00

Filler Procedures: \$750.00  
Phlebectomy Surgery: \$500.00



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Kass Clinics Consent

### Compression Stocking Policy

Your compression stockings will be specifically measured and fitted for you by our experienced fitter. The style and compression of stocking recommended is for your ultimate comfort, as well as therapeutic benefit. Once the stockings have been fitted and taken out of our office, they may not be returned. Our experienced fitter will inspect the stockings prior to you leaving the office, as well as recommend the best home care options to extend the functionality and integrity of your stockings. We recommend taking extra care with home application and washing, and are not responsible for damage. If a certain style stocking was recommended, but you chose another style and later realized your selection was uncomfortable, they may not be returned or exchanged.

Some insurance companies allow a certain number of stockings at designated intervals throughout the year. It is our policy that only one pair may be obtained at a visit. If more than one pair is desired, we are happy to provide you with a prescription to obtain the remaining pairs at a medical supply store. Special order stockings are not billed to your insurance and must be prepaid prior to ordering. It is not unusual for us to re-measure patients at certain intervals in their treatment process prior to providing another pair of new stockings.

### HIPPA Policy

I certify that I have received a copy of Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my PHI that might occur in my treatment, payment of my bills or in the performance of *Kass Clinics, LLC's* health care operations. The Notice of Privacy Practices also describes my rights and *Kass Clinics, LLC's* duties with respect to my protected health information. The Notice of Privacy Practices is posted in (location in the office where NPP is posted) and online. *Kass Clinics, LLC* reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing *Kass Clinics, LLC's* website.

By signing this consent you are agreeing to all of the above terms, cancellation, Insurance and Payment, compression stockings, and the HIPPA Policy.

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

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

### Minor Consent

If the patient is under the age of 18 they are considered a minor and will, therefore, need their legal guardian to sign for them. As the legal guardian, by signing this consent you are agreeing to the above terms on the minors' behalf.

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

### Deposit's:

All Consultations: \$50.00  
Sclerotherapy Treatment: \$75.00  
EVLV Surgery: \$1,000.00

Botox and Skin Care Procedures: \$75.00  
Full Work Up: \$350.00

Filler Procedures: \$750.00  
Phlebectomy Surgery: \$500.00

## Cosmetic Procedures

Kass Clinics recommends packaging your treatment plan. When you package your services you save money, as well as, getting the optimal result of your treatment plan. When you decide it is time to stay on track with your goals of a healthier looking and feeling you, it is a gift to yourself. To ensure your goal commit to your treatment plan.

### **Laser Hair Removal**

Laser hair removal utilizes a laser that targets the dark pigment of hair follicles. The laser can only treat follicles that are actively producing hairs at the treatment session; so we recommend a series of treatments to get the best results. Common treatment locations include legs, underarms, upper lip, chin, back, shoulders, and bikini.

### **Microdermabrasion**

Microdermabrasion is a non-invasive, no downtime treatment that improves acne, smoothes skin texture, lightens discoloration, and reduces pore size. The treatment includes a cleanse, steam, extraction, mask, and exfoliation. It is 60-90 minutes depending on the area of the body that is being treated. Common treatment areas are face, chest, and back.

### **Chemical Peel**

A chemical peel is a topical application of one or a combination of chemicals to treat a variety of conditions; hyperpigmentation, melasma, acne, loss of firmness, and rosacea. A chemical peel can improve tone, texture, and clarity. Reduce age spots, freckles, pore size, and hyperpigmentation. They can soften fine lines and stimulate the production of collagen and elastin for firmer skin. Common treatment areas are the face, chest, and back.

### **Smoothbeam**

Smoothbeam is a laser treatment that targets the sebaceous glands to damage and shrink the glands to slow or stop the production of sebum (oil). This is a treatment for acne and can be performed on all areas of the body. The laser can be slightly painful so we can prescribe pain management if needed.

### **Photodynamic Therapy (PDT)**

PDT is a procedure that has been used extensively for the treatment of acne, sun damage, actinic keratoses, hyperplasia, rosacea, and uneven skin tones. PDT is the topical application of Levulan to the treatment area where it is absorbed into the effected cells and activated by a blue light to eliminate the damaged cells. It can be performed on any area of the body.



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## Cosmetic Procedures

### **Intense Pulse Laser (IPL)**

IPL treatments rejuvenate the skin. Pulses of light energy delivered by a laser stimulate collagen production, and diminish the signs of aging. Common treatment areas include the face, neck, chest, hands, arms, and back.

### **Body Contouring**

The Titan and Refirme lasers are used to tighten loose or sagging skin. The most common treatment areas are the chin, jaw line, forehead, and abdomen. These are great procedures for women who are trying to get back into shape after giving birth.

### **Botox/Xeomin**

Botox and Xeomin are derived from botulinum toxin that is injected under the skin to relax facial muscles. This stops the production of wrinkles leaving the recipient with a clean, smooth facial appearance. Common treatment areas include, around the eyes, between the eyes, and the forehead. They can also be used to stop excessive sweating in the feet or armpits.

### **Juvederm**

Juvederm is a hyaluronic acid gel that is injected into the nasal area to smooth wrinkles and lines around the mouth and nose. The product will typically last for 6 months and simply absorbs into the body which will no longer smooth out the treated area.

### **Radiesse**

Radiesse is an injectable implant for the correction of moderate to severe facial wrinkles and folds, such as nasal folds and sagging cheeks. It is also indicated for the restoration and or correction of the signs of facial fat loss. The product will typically last between 6-9 months and helps stimulate natural collagen production.

## Directions To Kass Clinics

### From the Northwest

- Take 494E/694E
- Go South on Highway 169
- Go East on Highway 7
- Take a right onto Louisiana Avenue
- Take your next immediate left (West Lake Street)
- We are the second building on your left

### From the West

- Take 394E
- Go South on Highway 169
- Go East on Highway 7
- Take a right onto Louisiana Avenue
- Take your next immediate left (West Lake Street)
- We are the second building on your left

### From the East

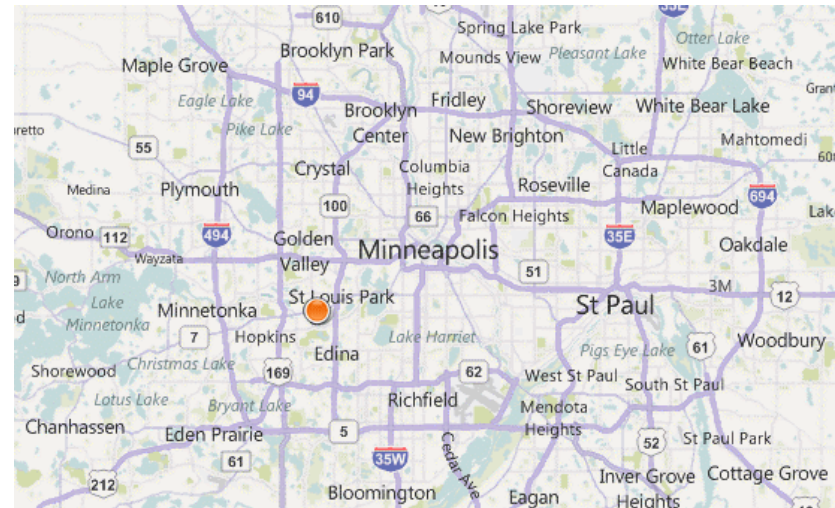
- Take 94W to 394W
- Go South on Highway 100
- Go West on Highway 7
- Take a left onto Louisiana Avenue
- Take you next immediate left (West Lake Street)
- We are the second building on your left

### From the Southwest

- Take 212E/494E
- Go North on Highway 169
- Go East on Highway 7
- Take a right onto Louisiana Avenue
- Take your next immediate left (West Lake Street)
- We are the second building on your left

### From the Northeast

- Take 694W
- Go South on Highway 100
- Go West on Highway 7
- Take a left onto Louisiana Avenue
- Take your next immediate left (West Lake Street)



- We are the second building on your left

### From the Southeast

- Take 494W
- Go North on Highway 100
- Go West on Highway 7
- Take a left onto Louisiana Avenue
- Take your next immediate left (West Lake Street)
- We are the second building on your left