

Dermatologic Surgery of Central Virginia

902 E Jefferson St, Suite 201
Charlottesville, VA 22902

434-979-7700 ph
434-979-7715 fax

1151 Thirteenth St
Waynesboro, VA 22980

Patient Information

Last Name:	First Name:	Middle:
Address Line 1:	Previous Name:	
Address Line 2:	Today's Date: / /	

City:	State:	Zip:	Country:
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Home # () -	Cell #: () -	Work # () -	ext.
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Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: M S W D	Email:
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Race: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Other:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:
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Employment Status: Employed Unemployed Retired

Employer Name:	Phone # () -	Industry:
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Place of Birth

City:	State:	Country:
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Insurance Subscriber: Please present insurance card(s) for copying. If same as patient, skip this section.

Name (Last, First, MI):	Date of Birth: / /	Email:
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Street Address:	Primary Phone # () -
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City:	State:	Zip:
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Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent
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Who is responsible for the bill if other than Patient?

Name (Last, First, MI):	Date of Birth: / /	Email:
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Street Address:	Home # () -
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City:	State:	Zip:
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Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify)	Work # () -
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Emergency Contact

Name:	Relationship to Patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other(specify)	Primary Phone # () -
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Physician & Pharmacy Information

Primary Care Physician:	Address:	Ph#
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Referring Physician:	Address:	Ph#
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Preferred Pharmacy Name and Address:

Deemed Consent for Designated Blood Born Pathogens

As a healthcare provider under the Virginia Acts of Assembly Section 32.1-45.1, whenever any healthcare worker associated with or working for Dermatologic Surgery of Central Virginia is directly exposed to body fluids of a patient in a manner, which according to the guidelines of the Center for Disease Control, may transmit human immunodeficiency virus or Hepatitis B and C, Dermatologic Surgery of Central Virginia will proceed to test the patient through its Employee Health provider and the healthcare worker(s) who was/were exposed.

Consent to Medical Care & Assignment

By signing below, I voluntarily consent to medical care at Dermatologic Surgery of Central Virginia, which may include examinations, tests, photographs and treatments by doctors and the staff. No promises have been made to me as to the results of treatment or examinations. The release of medical information to any insurance carrier and direct payment to the practice for any treatment or examination rendered is authorized. I hereby acknowledge and accept final responsibility for payment of charges for medical services rendered.

Notice of Privacy Practices

Dermatologic Surgery of Central Virginia has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your acknowledgement and consent. By signing below, I give consent to Dermatologic Surgery of Central Virginia and its staff to use and/or disclose my protected health information for the purpose of treatment, payment and healthcare operations (TPO). Protected health information may include medical records, insurance and payment information, and other information used, in whole or in part, to make decisions about me. With my consent, Dermatologic Surgery of Central Virginia may call or mail to my home or other designated locations and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others. By signing below, I acknowledge that I have received or been offered a copy of Dermatologic Surgery of Central Virginia's Notice of Privacy Practices.

Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you. Your clear understanding of our financial policy is important to our professional relationship. If you have any billing questions, please call (434) 979-7700.

Dermatologic Surgery of Central Virginia participates and accepts assignment of insurance benefits of most insurance organizations. Of course, you are still responsible for the timely payment of deductibles, coinsurance, and/or co-payments. Co-payments are due at the time of your visit. If you have insurance with an organization that we do not participate with, provide us with adequate information, and we will bill your insurance company for you. In these cases, payment of your bill remains your responsibility, including any balance after your insurance company settles your claim.

If your insurance company requires a referral from your primary care physician, and one was not obtained, you are responsible for any balances not paid by the insurance company. If your account becomes assigned to a collections agency, you also agree to pay all costs of collections, including agency, attorney and court fees.

By signing I hereby acknowledge that I have received, read and agree to the Consent for Designated Blood Born Pathogens, Consent to Medical Care & Assignment, Notice of Privacy Practices and Financial Policy as provided to me. If I do not sign this consent, Dermatologic Surgery of Central Virginia may decline to provide treatment to me.

Print Patient Name: _____ Date: _____

Patient/ Representative Signature: _____ Date: _____
Relationship to patient: Spouse Child Sibling Parent or Other

MOHS

Microscopically Controlled Surgery

What is Mohs surgery?

Mohs surgery is a special procedure for the removal of skin cancer. It has the highest cure rates for skin cancer up to 99%, depending upon the type, size and location of your cancer. It also preserves the greatest amount of normal skin.

STEPS Performed during MOHS:

1. The area around the tumor is numbed with a local anesthetic.
2. The visible tumor is removed.
3. A thin slice of tissue is taken from the cancer site, divided into sections and color coded. A map of the slice is drawn.
4. The sections of the slice are frozen and put under a microscope. Any remaining cancer cells can then be found and removed.

What are the risks?

There are always risks with any surgery. The risks in Mohs surgery can include:

1. **Allergic reaction** to the local anesthetic.
2. **Bleeding** during or after the procedure.
3. **Infection** of the wound site.
4. **A larger wound** than expected if the cancerous area is larger than your doctor thought it would be.
5. **Numbness** of the skin at or around the cancer site. This usually lasts 6-12 months. It is not usually permanent.
6. **Damage to the nerves** that control some muscles if the cancer invasion is deep. Sometimes this lasts 6 - 12 months but it can be permanent.
7. Although it is rare, sometimes **the cancer can come back**. It may not show up for months to years. Regular follow-up for your skin cancer with your dermatologist is essential. Patients who have had one skin cancer are at risk for others.
8. **Scarring**. There will always be a scar. Everyone scars differently. A second procedure (called a scar revision) is sometimes required.

The week prior to Surgery:

1. Let us know **7 days** ahead of time if you are taking any blood thinning medications (**ie. Coumadin, Ticlid, Plavix, Eliquis, Clopidogrel, etc.**) or medications for arthritis. These products may cause increased bleeding. Tylenol is safe to take before and after your surgery. (you can call and leave a message for a nurse about what blood thinners you are taking for a return call with instructions.)
2. Make sure you have informed the doctor of any special medical problems you have, such as artificial heart valves, rheumatic heart valve disease, or artificial joints. Many of these may require antibiotics prior to surgery. Are you a **hepatitis** or **HIV** carrier? Do you faint easily? (you can put this information in your portal.)
3. You may want to be sure to have Band-Aids of various sizes and antibiotic ointments or Vaseline at home for wound care following your surgery. **PLEASE DO NOT USE NEOSPORIN.**

On the day of Surgery:

Do not plan or schedule other activities/appointments on the same day as your surgery. Surgery may last anywhere from 1 to 5 hours if not longer in some cases. Bring something to read or occupy your time. Bring snacks if needed.

Eat a good breakfast unless your doctor or nurse advises you otherwise.

Bathe and shampoo your hair. You will need to keep the wound dry for 24 hours after surgery.

Wear comfortable clothing that is easy to remove so that the location may be reached easily. Don't wear anything that must be pulled over your head.

Do not bring young children with you

Please let us know if you have any questions about the surgery, and the nurse will be happy to answer them while preparing for the procedure. We want you and your family to understand and feel comfortable about your surgery.

After Surgery:

1. **The wound may be allowed to heal on its own.** This process normally takes a month or two. You will have to clean the wound and put on a new bandage daily.
2. If it requires closure the following are ways in which the Physician may choose to close the wound after the surgery. (The clinical staff will inform you of what if any closure you will receive.)

The wound can be stitched together. These stitches will usually be removed in 1-2 weeks. The stitched area normally requires cleaning and putting on a new bandage every day.

A skin flap is another option. This involves moving skin next to the wound over it. Stitches will be used and removed in 5 - 10 days in most cases.

A skin graft can be used to cover the wound. Skin is borrowed from another location on your body and sewn into place.

There are then two wounds to care for; one from the borrowed site and one at the site where the graft is sewn in. The sutures are removed from both sites in about one week.

3. After any type of repair (such as a skin flap or graft), a **skin graft procedure may be needed** to improve the scar that remains. This may take place in several weeks, all the way up to one year. 434-979-7700
4. There are times when a repair is postponed for one day or more even up to one week. 1151 Thirteenth Street
5. As the wound heals you may feel skin tightening, itching of the scar or small sharp pains in the scar. These feelings are normal and 902 East Jefferson St, Ste 201
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Waynesboro, VA 22980

will lessen as time passes.

6. The new skin that forms has many new blood vessels and will look redder than the skin around it. The redness will fade in time. Massaging the scar with a moisturizing cream will often help flatten, soften and decrease itching of the scar.
7. It is important to protect new skin, as well as the rest of your skin, from the sun. Apply **at least a number 15** sunscreen before going out in the sun and apply it several times during the day. However, wait until the wound has healed before applying sunscreen to the area.

Restrictions after Surgery:

If you exercise or swim on a regular basis, please inform the nursing staff so they can advise when you may start up again. Often the patient may return to work a day or two after surgery but this varies from case to case. Please ask when you may return to work. (We can provide a physicians note if needed)

Limit your sun exposure. Use a sunscreen of SPF 30 or greater. Be sure to schedule outdoor activities to avoid mid-day (10AM-4PM) and wear a brimmed hat.

You will be asked not to perform any heavy lifting or bending and limit physical activities for the first 48 to 72 hours following surgery.

Once your surgery follow-up appointments are completed, you will be released back into the care your general dermatologist. If you need assistance in finding a general dermatologist please let us know, and we can provide you with a list of physicians. It is important that you have follow-up visits with your general dermatologist at least every 6-12 months after surgery or by a schedule that he/she sets up for you. Follow - up schedules will be differ for each patient because of the type of cancer you have.

Types of Skin Cancer

1. **Basal Cell Carcinoma (BCC)** is the most common type of skin cancer. There are several types of BCC. Most are growths that stay in one spot and do not spread to other areas of the body. They do slowly grow larger, however. This type can be treated with Mohs surgery.
2. **Squamous Cell Carcinoma (SCC)** is the second most common type of skin cancer. It is uncommon but SCC can spread, especially in certain locations, such as the ears, lips, or genitals. Mohs surgery is also one of the treatment options for SCC.
3. **Melanoma** is the third most common and most serious type of skin cancer. Melanoma will spread to other areas of the body if not addressed. The cure rate is very good, however, if it is found and treated early, so dont give up hope. Most people are cured of their tumor. The first step is to have your tumor biopsied. Then treatment usually consists of cutting out the tumor and a wider area around it. In some cases other treatment is used in addition.

All of the cancers listed above have something to do with cumulative or increased exposure to the sun and are most common in people with fair skin. African - Americans are least diagnosed, however they too are susceptible.

What does it cost?

Costs of visits before and after surgery depend on the type of service rendered. The charge for the Mohs procedure itself costs approximately \$1000 for the first layer removed and \$600 for each additional layer (Please see our financial policy for self-pay individuals.) Reconstruction of the wound (if needed) is billed separately and differs for each patient. Whether it is needed is not known until Mohs surgery is performed. In the event that there is more than one cancer to be treated, each cancer is billed separately.

We will submit claims to your insurance company. It is your responsibility to be aware of your insurance coverage (deductible amounts, preauthorization/referral requirements, participating/non-participating status). If you have questions regarding your insurance coverage, please contact your insurance company prior to the surgery date to have your questions answered. We will work with you on payments and can set up a payment plan if necessary. (see our financial policy.)

Insurance Pre-authorization/Referrals

IF YOUR INSURANCE COMPANY REQUIRES A REFERRAL OR PRE-AUTHORIZAITON, this must be done at least 1 week before your surgery. This may apply to a **primary** or **secondary** insurance company **even if you have Medicare.** It is your responsibility to contact your primary care physician (PCP) to request referral/preauthorization if it is required. Please come to your appointment with your authorization/referral information.

If you have a primary care physician, please notify them of your surgery. Please also let us know on the day of your surgery if your insurance or PCP needs to be told **IF** any further procedures are done. **IF** you have any other separate skin concerns that you want to have treated on the day of your surgery, please tell your insurance company or PCP about them because they are not necessarily covered with your surgery referral.

If you have any questions about the surgery to be done, please ask. We look forward to working with you.

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Authorization to Release Records

I hereby give **Dermatologic Surgery of Central Virginia, PLC** permission to release any and/or all medical record(s) about my health and/or medical condition to the person(s) listed below:

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Patient (or Representative)

Date

In order for you, or anyone else, to obtain information from our office about your health and/or medical condition by telephone, the party calling must share a unique and specific patient identifier with our staff.

(Please write that information below and obtain for your records as well.)

Patient Identifier:
