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**BILLING NOTICE AND BILLING AGREEMENT  
 DESTRUCTION/REMOVAL/SCARS  
 Of Benign Lesions – includes liquid nitrogen**

**INTRODUCTION**

The treatment and removal of the conditions below are frequently performed by Dermatologists. Certain conditions will not disappear spontaneously. There are many different techniques for removing the conditions above. Your doctor will discuss the various treatment options with you.

**RECURRENCE**

The conditions listed below can recur after treatment. Additional treatment may be necessary.

**CRYOSURGERY MEDICAL CONDITIONS**

- Actinic Keratosis
- Prurigo Nodules
- Seborrheic Keratosis, Irritated
- Seborrheic Keratosis, Non-irritated
- Wart Treatment and Removal
- Other: \_\_\_\_\_

**ALTERNATIVE TREATMENTS**

Alternative forms of medical and surgical management of the conditions listed above may exist. Your doctor will discuss these options with you. Alternative treatments may include not treating the condition or managing its removal on your own with over the counter remedies. An example would be the removal of a wart. Removal of warts may be accomplished by other treatment options including the use of over the counter solutions (which may be less costly but might be less effective), liquid nitrogen (freezing), lasers, topical medications and electric cauterly.

**SCARS/HYPERTROPHIC/KELOID**

Many times, scars can enlarge or grow and become symptomatic. When this happens, scars can be called hypertrophic or keloidal. Symptoms can include itching, pain, and tenderness. Patients often request treatment for scars of this nature; however, treatment including therapeutic injections, is not covered by most insurance plans. In these instances, the scars can be treated but you will need to pay out of pocket at time of service.

**FINANCIAL RESPONSIBILITIES**

The cost of treating the conditions listed above include several different charges for the medical services provided. The total amount due includes fees charged by your doctor and the cost of surgical supplies. Depending on whether the cost of the treatment of the condition listed above is covered by your insurance plan, you will be responsible for necessary co-payments, any deductibles and any other charges not covered by your insurance. If you have not met your deductible, you agree to be responsible for the entire cost of the treatment. Additional costs may occur should complications develop from treatment. Secondary removal treatments will be charged and would also be your responsibility.

1. I hereby authorize the physicians of Alamo Heights Dermatology and such assistants as may be selected to perform treatment of the condition listed above.
2. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
3. I acknowledge that the doctor and their staff are treating me and that if I want a less expensive treatment or alternative treatment, I understand there may be over the counter products I can purchase. I understand I am responsible for paying any copay or insurance deductible. Furthermore, I understand if there is an insurance deductible that has not been met, I agree to be responsible for the entire cost of the treatment of the condition listed above.

\_\_\_\_\_  
 Patient's Name (Please Print)

\_\_\_\_\_  
 Signature of Patient/Legal Guardian/Financially Responsible Party

\_\_\_\_\_  
 Date