

Communication & Financial Policies

The following are policies of Forefront Dermatology, S.C. and its affiliated practices ("Forefront"). Signature is required before services can be provided. Forefront is unable to accept any revisions to this form and any attempted changes shall be null and void.

Patient Communications: In Forefront's discretion, information of a confidential nature may be left on your voicemail or answering machine at the preferred number(s) you have provided to Forefront or with a friend or family member who answer the telephone at one of the preferred numbers or at your residence and who can verify your address and date of birth. Such messages may include, without limitation, reminders of upcoming scheduled appointments or answers to medical questions you may have inquired about to our staff. Forefront may also communicate with you via e-mail, text message, or post card to your home address provided such method complies with applicable HIPAA communication standards. Confidential information will be treated in accordance with HIPAA and applicable state law.

Research: I authorize Forefront to contact me regarding any research study in which I may be eligible to participate relating to my care.

Financial Responsibility: A \$20.00 charge will be added for any non-sufficient funds notice from the bank. I understand and agree that I will be responsible for all legal fees and other costs of collection if my account is turned over to an attorney or agency for collection, in which case your visit/s with our office may become a matter of public record.

Payment: Payment is due in full on the date of service prior to treatment.

Return Policy: There are no returns on cosmetic products sold unless such products are defective or, in the opinion of your provider, caused an adverse reaction.

Open Payments Database Notice: The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

Consent to Clinical Procedures

I hereby consent to the medical treatment or other service rendered during my visit with Forefront Dermatology, S.C. or its affiliated practice ("Forefront").

In order to ensure that you understand all aspects of your visit, you are encouraged to ask any questions or clarify any procedures prior to them being performed. Our providers will answer any questions and discuss any procedures, concerns and goals with you in regard to the following:

- Benefits of the proposed procedure.
- The way the treatment or procedure is to be performed.
- Alternative treatment options.
- Probable consequences of not receiving the treatment.
- The right to withdraw informed consent at any time, in writing.
- Risk and side effects involved with the procedure.

With any procedure, there are risks involved which include, but are not limited to the follow:

- Scar- Scarring is possible with any procedure of the skin. We will do everything we can to provide you with the best cosmetic result possible, but the final cosmetic outcome is not guaranteed.
- Infection- The entire procedure will be done in a sterile and/or clean fashion. Still, a small number of people will get a wound infection.
- Bleeding- Some procedures may create some bleeding. Rarely will someone have significant bleeding after they leave such that they would have to come back to have us treat it.
- Nerve damage- This will be thoroughly discussed with you by your provider if it is a potential during your procedure.

The person providing some or all of your treatment may be acting under supervision and delegation of a licensed physician, physician assistant, or nurse practitioner ("Licensed Clinician"). Some state scope of practice laws requires an assessment by a Licensed Clinician to be performed prior to receiving certain medical or cosmetic procedures. Such laws allow these procedures to be performed by an assistant under delegation and supervision of the Licensed Clinician. Such a person is acting in the capacity of a medical assistant when performing the service, regardless of whether they have other credentials or licenses (e.g. licensed esthetician). If you have any questions, please discuss them with your Licensed Clinician.

I authorize pictures to be taken before, during and after the procedure. These pictures and digital images will become part of your medical record and may be used or disclosed as permitted by HIPAA.

I have read the consent form in its entirety. I understand the risks associated with procedures that may occur during my visits at Forefront. I understand that I should discuss any questions or concerns with my provider prior to any procedure and therefore, with my signature, agree to have any necessary procedures performed.

The undersigned hereby provides consents as the patient or legal representative of the above referenced patient if the patient does not have the legal capacity to consent (for example: minors under the age of 18 (19 in the state of Alabama or Nebraska) or incapacitated patients with an active power of attorney).

Patient Signature

Date

Parent or Guardian Signature/Date

Relationship to Patient

Effective: 11/12/2025