

3055 W. Orange Avenue, Suite 207  
Anaheim, CA 92804 (714) 229-8246

27995 Greenfield Drive, Suite C  
Laguna Niguel, CA 92677 (949) 360-4400

Dear Patient:

The billing department at Aesthetic Dermatology & Laser Center Medical Group Inc. will bill claims for services rendered as a courtesy. The following are the established guidelines that will be followed in resolving your claim.

1. **Private Pay/**  
**Cash:** We do not participate in any HMO-type insurance plans. If you are unsure of your type of insurance, you are responsible for payment in full at the time of service.  
Pt's Initials  
\_\_\_\_\_
2. **Commercial/**  
**PPO/EPO/**  
**POS Ins:** Any co-payments, deductible, non-covered services, or amounts in excess of lifetime maximum are due and payable at the time of service with the entire balance due and payable within thirty (30) days from the initial billing date.  
Pt's Initials  
\_\_\_\_\_
3. **Medicare:** Any deductible or non-covered services are due and payable at the time of service with the entire balance due and payable within thirty (30) days from initial billings.  
Pt's Initials  
\_\_\_\_\_

**Patients not confirming prior authorization and/or requesting services when authorization has been denied or has not been obtained will be billed as a private pay account and must adhere to the guidelines stated above in the Private Pay section.**

**Accounts not resolved within forty-five (45) days may be referred to an outside agency for further follow-up, reported to the local credit-reporting bureau, and may result in legal proceedings. Please call Customer Service at (714) 229-8246 to make payment arrangements.**

**An administrative fee of \$50.00 will be charged for appointments canceled without a 24-hour notice.**

My signature below acknowledges that I understand my financial responsibility.

\_\_\_\_\_  
Patient/Guarantor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PATIENT INFORMATION**

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_  
Last First Middle Married ☐ Single ☐ Divorced ☐ Widowed ☐Address \_\_\_\_\_  
Street City State Zip

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex (M/F) \_\_\_\_ Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

Who to notify in case of emergency? \_\_\_\_\_ Day Phone: \_\_\_\_\_

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**INSURANCE INFORMATION**

Primary Insurance Carrier \_\_\_\_\_ Primary ID #: \_\_\_\_\_

Name of Insured \_\_\_\_\_ DOB: \_\_\_\_\_ Insured S.S.# \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_ Secondary ID#: \_\_\_\_\_

Name of insured \_\_\_\_\_ DOB: \_\_\_\_\_ Insured S.S.#: \_\_\_\_\_

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**AUTHORIZATION OF MEDICAL BENEFITS**

I hereby authorize the \_\_\_\_\_ Insurance company to pay by check and mail to: Edward M. Kramer, M.D. Inc., 3055 W. Orange Ave, Suite 207, Anaheim, CA 92804. The medical and surgical expense benefits are allowable and otherwise payable to me under my current insurance policy, as payment toward the total charges for professional services rendered. This payment will not exceed my indebtedness to the above-mentioned assigned and **I have agreed to pay any balance of said professional service charges, if any, over and above this insurance payment.** I further authorize the release of any medical information necessary to process this claim.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**May we leave personal medical information on your answering machine at home?** ☐ Yes ☐ No**Do you give our office permission to discuss your medical information with family members?**☐ Yes ☐ No If yes, please provide their name and relationship.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I have received a copy of this office's Notice of Privacy Practices (NPP)

Pt's Initials \_\_\_\_\_

I have reviewed a copy of this office's Notice of Privacy Practices (NPP)

Pt's Initials \_\_\_\_\_

Aesthetic Dermatology & Laser Center  
3055 W. Orange Ave. Suite 207, Anaheim, CA 92804  
27995 Greenfield Drive, Suite C, Laguna Niguel, CA 92677

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

DOB: \_\_\_\_\_

Account #: \_\_\_\_\_

Gender: \_\_\_\_\_

**History:**

Allergies to medications: \_\_\_\_\_

Major problems: Heart \_\_\_\_\_

High blood pressure \_\_\_\_\_ Asthma or other respiratory problems \_\_\_\_\_

Other major problems or illnesses: \_\_\_\_\_

Is there a family history of skin cancer? \_\_\_\_\_ or melanoma? \_\_\_\_\_

Or other major illnesses? \_\_\_\_\_

Have you ever had skin cancer? \_\_\_\_\_

List all current medications and topical creams you are using:

\_\_\_\_\_

Have you ever fainted or been lightheaded when having an injection or surgical procedure?

\_\_\_\_\_

Do you take antibiotics prior to dental procedures or surgery?

\_\_\_\_\_



## Pharmacy Update

3055 W. Orange Avenue, Suite 207  
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### Effective January 1, 2022

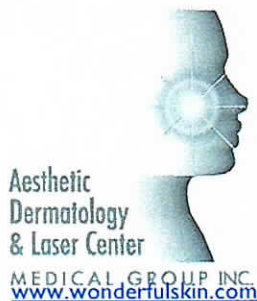
The state of California requires all prescriptions to be submitted electronically. Due to this new transition, a paper copy of prescriptions can no longer be provided. Please provide us with your preferred pharmacy below.

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

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

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

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



**Edward M. Kramer, M.D.**  
**Jeffrey M. Hick, M.D.**  
DIPLOMATES, AMERICAN BOARD OF DERMATOLOGY  
**Julie M. Kramer, PA-C**

## Aesthetic Dermatology & Laser Center Medical Group Billing Policy

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Due to changes in healthcare that have decreased physician reimbursements and increased the clerical and administrative work required to secure payment for medical services rendered, Aesthetic Dermatology & Laser Center must change its billing policy for the collection of co-payments and payment balances, **effective April 01, 2013.**

Aesthetic Dermatology & Laser Center will no longer send invoices to patients for balances or co-payments. **We will require a credit card to be kept on file.** When the Explanation of Benefits (EOB) paperwork is received from your insurance company, which indicates the amount that the patient is responsible for (i.e. co-insurance, deductibles, etc.), your credit card will be directly charged for those fees. You will **ONLY** be charged for amounts that your insurance company has determined to be the patient's responsibility.

Another option is for the patient to pay for services rendered at the time of visit by cash, check, or credit card. If and when the insurance company makes its payment to us, a reimbursement will be forwarded to you in a prompt manner.

As a courtesy to our patients, we will continue to bill insurance companies for services provided by our doctors.

Thank you for your understanding and compliance with our office policies.

Sincerely,  
*The Doctors of Aesthetic Dermatology & Laser Center*

### AUTHORIZATION TO CHARGE CREDIT CARD

Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_

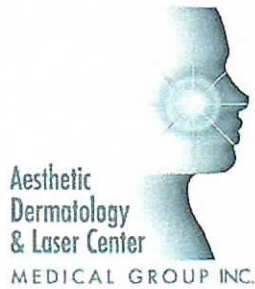
I have read the above policy and authorize Aesthetic Dermatology & Laser Center to keep my signature on file and to charge my credit card for the balance of charges to my account (deductibles, co-payments, and non-covered services) NOT paid by my insurance.

Credit card type: VISA DS MC AMEX Billing Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Printed Name on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Edward M. Kramer, M.D.**

LABORATORY DIRECTOR

**Jeffrey M. Hick, M.D.**

DIPLOMATES, AMERICAN BOARD OF DERMATOLOGY

**Julie M. Kramer, PA-C**

## Indicate below the services of interest:

[www.wonderfulskin.com](http://www.wonderfulskin.com)

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- ☐ Skin care products for acne control
- ☐ Skin care products for adult complexions, anti-aging
- ☐ Latisse for hypotrichosis (inadequate or not enough eyelashes or eyebrows)
- ☐ Permanent Makeup including eyeliner, eyebrows and lips
- ☐ Medical grade facials for acne and facial rejuvenation
- ☐ Hydra Facial MD for facial rejuvenation
- ☐ Treatment for male or female hair loss-PRP (Platelet Rich Plasma)
- ☐ Skin Rejuvenation Programs for Sun Damage and Wrinkles
- ☐ Blotchy skin (uneven pigmentation, freckles, sun damage)
- ☐ Botox treatments for facial frown lines, forehead lines, eyelid lines and lip lines, jaw clenching
- ☐ Botox treatments for hyperhidrosis (excessive sweating)
- ☐ Restylane, Juvederm and Radiesse treatment for lines and wrinkles
- ☐ Sculptra and Voluma treatments for loss of volume in the face
- ☐ Chemical peels for facial skin improvement
- ☐ Laser hair removal
- ☐ Laser skin resurfacing for wrinkles and scars
- ☐ Laser treatment of red spots, brown spots, or blood vessels
- ☐ ThermiVa treatment for vaginal rejuvenation, incontinence, dryness, and decreased sensitivity
- ☐ ThermiTight treatment for tightening of the neck and other areas
- ☐ CoolSculpting and Liposuction for removal of unwanted fat deposits
- ☐ Mole, wart, cyst removal
- ☐ Skin cancer treatment/ Mohs Surgery
- ☐ Earlobe repair

Please let us know how to best contact you.

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Day or Evening (circle one)

EMAIL ADDRESS \_\_\_\_\_

Mailing address \_\_\_\_\_

Thank you! Please give this form to the nurse, and a staff member will contact you soon to offer further assistance.