

Guide to Forefront Front Desk Forms

Financial & Patient Communication Policies

Signature is required from all new patients and annually thereafter, or upon updates to the form when instructed.

This form outlines our basic financial and patient communication policies that apply to ALL patients. These policies are not able to be modified for individuals, as our programs and systems do not allow for such customization.

Q: I don't understand this section, what does it mean?

A: Section specific responses:

- **Assignment of Benefits:** This is you providing us permission to submit a claim for payment to your insurance on your behalf.
- **Insurance Filing:** We will bill your insurance as a courtesy. If your insurance does not pay or respond within 90 days you may be billed directly, in which case you should work directly with your insurance for reimbursement.
- **Bad Debt Account Status:** This provision protects Forefront by your agreeing to the collection of a down payment towards new services in the event that you become severely delinquent in paying for past services.
- **Medicaid Affidavit:** To allow us to collect payment from certain Medicaid patients, we need ALL patients to acknowledge in writing whether they currently have Medicaid insurance.
- **Non-insurance Patients:** Stress to all uninsured patients that the collected amount is a down payment only. Non-insured patients are eligible for an automatic discount applied by the Revenue Cycle Department.
- **Open Payments Database Notice:** The Open Payments program is a national disclosure program that promotes a more transparent and accountable health care system. The purpose of this notice is to provide you with information on where to access this publicly accessible database of payments that reporting entities, including drug and medical device companies, make to covered recipients like physicians.
- **Patient Communications:** We will only communicate with you or someone who answers the telephone at one of your preferred numbers who can verify your address and date of birth.
- **Patient Communications – Electronic Communication:** this allows Forefront to send you information specifically related to your medical care, e.g., appointment reminders, billing reminders, via automated electronic methods. If you do not want to receive these automated electronic communications, you will have the ability to opt out by a mechanism such as replying "STOP" or "Unsubscribe". This consent does not opt you into marketing content.
- **Research:** this gives Forefront permission to contact the patient if a new treatment or therapy becomes available through research that the patient could benefit from based on their known conditions. The patient is not obligated to participate and may decline participating in the research study.

Consent to Clinical Procedures

Signature is required from all new patients and annually thereafter, or upon updates to the form when instructed.

Q: Why do I (the patient) need to sign this form?

A: The law requires us to receive informed consent from every patient (or guardian) prior to service. This is a general consent form that covers all of our standard basic services and provisions. Additional signed consent will be required for specific surgical and cosmetic procedures, as well as for minor or incapacitated patients.

Q: Your form says that anything removed from my body will be sent for pathology. I do not want that; can you strike that out?

A: No, the form cannot be modified. To meet the required standard of care, and more importantly for your health and safety, any skin tissue removed from your body must be examined under a microscope by a pathologist who specializes in skin conditions for accurate diagnosis. This service requires additional professional time and fees separate from the clinical office charges.

Q: I do not want any photos taken or shared. Can you strike that out?

A: Photographs are frequently taken as part of your medical record and care, which is not optional. At times, these photos may be useful for educating other healthcare professionals and in these instances, we take steps to protect your identity. Your express consent will be obtained prior to using photos for any purpose not allowed under HIPAA.

Notice of Privacy Practices Acknowledgement of Receipt

Request signature from new patients and annually thereafter, or upon updates to the form when instructed. A Change of Contact Information form is available for updating patient preferred contact method information.

Q: *Why do I (the patient) need to sign this form?*

A: This form acknowledges we have made available our Notice of Privacy Practices which outlines how we may use and disclose your protected health information and provides your preferred communication method(s). While signing this form is not required for treatment, your signature greatly facilitates our ability to promptly communicate with you.

Q: *Your form says that I will receive text messages for marketing? I don't want those texts. Can you strike that out on the form?*

A: No, the form cannot be modified but you can easily stop the delivery of text messages. If you do receive a text from Forefront Dermatology, you can simply reply STOP to no longer receive any additional messages in the future.

Q: *This section on text messages is confusing, what does it mean?*

A: The complex language is required by various laws, but the purpose of this section is to make it easier for us to communicate with you regarding upcoming appointments, treatment results, billing updates, special offerings, and other useful information. Please be assured we do not sell any information for marketing purposes. However, on occasion we receive marketing funds from our cosmetic service vendors which we are obligated to disclose in this notice.

Q: *What does this Information Exchange language mean?*

A: The health information exchange is a secure system that allows healthcare providers to share your health information electronically. You are not required to opt into it this service. If you wish to opt out, you may do so by informing the Patient Service Representative at the front desk, by emailing privacy.officer@forefrontderm.com, or by calling 920-663-0505.

Q: *What do I do if the patient refuses to sign this form?*

A: Complete the box at the bottom of the NOPP Acknowledgment form and save to the patient's chart. Ensure the patient is opted out of marketing in NextGen PM (see Preferred Contact field in demographic window), and ensure the patient is opted out of the HIE in EMA (see demographic banner in patient chart).

Minor Consent and Incapacitated Patient Consent

Forefront personnel can find more information about minor / incapacitated patient consent on SharePoint > SharePoint Forms > Reception > English Patient Forms

Q: *Why do I (the patient) need to sign this form?*

A: Minors and incapacitated patients are not legally allowed to give informed consent. This requirement falls to the parent, legal guardian, or Durable Power of Attorney (DPOA), who must be informed of any new diagnosed condition or treatment recommendation and give their consent before treatment can be provided or prescribed. There is no legal way to consent in advance to treatment before being informed. As a result, only consent to the future evaluation of a minor or incapacitated patient may be given in advance, as a parent, legal guardian, or DPOA cannot legally pre-approve unidentified future treatment.

Affidavit of No Insurance

Q: *Why do I (the patient) need to sign this form?*

A: We ask that patients sign this form as confirmation that they do not have insurance and they understand that they are responsible for payment for the visit, and the payment on the date of service is a down payment towards the final balance.

Medicaid / Medicaid MCO Waiver

Q: *When should I ask the patient to sign this form?*

A: When the patient is seeing a clinician who does not accept the patient's Medicaid / Medicaid MCO plan.

Q: *Why do I (the patient) need to sign this form?*

A: This form is signed when a patient has Medicaid or a Medicaid MCO plan and is choosing to see a Forefront clinician who does not participate with the Medicaid payor. In an instance such as this, the patient is responsible for payment related to services provided.

Coverage Acknowledgement of Non-Covered Services

Q: *When should I ask the patient to sign this form?*

A: When they are receiving care that is not covered by their insurance plan, such as treatment of a condition that the payor may consider cosmetic or non-medically necessary.

Q: Why do I (the patient) need to sign this form?

A: This form is how we inform you that the treatment is not a covered service by your insurance plan and that you will be responsible for payment related to the treatment. If you choose not to have the treatment, then the form does not need to be signed.

Request for Insured Patients Requesting Self-Pay Patient Status

Q: *When should I ask the patient to sign this form?*

A: When the patient is choosing not to use their medical insurance and wishes to receive medical services as a self-pay patient instead. In this instance the patient will be responsible for payment related to services provided and will be eligible to receive the uninsured patient discount. By signing this form, the patient agrees not to submit the claim to their insurance company.

Authorization for Disclosure of Health Information

Q: *Why do I need to sign this form?*

A: HIPAA requires your written authorization for us to release your medical records to certain third parties. These forms must be completed and signed by the patient or an appropriate representative before records are released to such parties. If a patient does NOT want highly sensitive information to be included with released records, they must indicate as such on the form in the "Information to be released" section.

Front Desk Forms Quick Reference Guide		
Form Name	Is a signature required to be seen?	How often does the form need to be signed?*
Patient Communication & Financial Policies	Yes	At first visit and annually thereafter
Consent to Clinical Procedures	Yes	At first visit and annually thereafter
NOPP Acknowledgment of Receipt	No	At first visit and annually thereafter
Affidavit of No Insurance	ONLY if the patient reports they do not have insurance	At first visit and annually thereafter
Medicaid / Medicaid MCO Waivers	ONLY if the patient has a Medicaid or Medicaid MCO plan and is seeing a clinician who does not participate with the payor	At first visit and annually thereafter
Request for Insured Patients Requesting Self-Pay Patient Status	ONLY if the patient has insurance but chooses not to use it for the visit	At each visit where the patient chooses not to use their insurance
Acknowledgment of Non-Covered Services	ONLY if the patient is receiving services that are not covered by their insurance plan	At each visit where services not covered by their insurance plan are rendered
Minor Consent and Incapacitated Patient Consent	Signature and authorization by the parent/legal guardian is required before the minor patient may be seen without the parent/legal guardian present. The form should be completed on the minor patient's first visit and annually thereafter, and any time the diagnosis or treatment plan changes.	

*Signature may also be required when updates are made to the form.