

Post Operative Care Instructions

- Please leave your surgery site covered and dry until tomorrow. If your bandage comes off before then, follow the instructions below.
- If you notice you are bleeding through your bandage
 - Remove bandage
 - Hold FIRM pressure for 20 minutes (no peeking!)
 - If the bleeding has stopped, reapply Vaseline and a clean bandage over the wound
- If you continue to bleed past 20 minutes of firm pressure please call the office for further instructions
- After the first 24 hours, wash the surgery site once or twice daily with gentle soap and water and then apply a fresh layer of Vaseline on top of the sutures. Do not use Neosporin or other topical antibiotics unless directed to do so. Keep the wound covered for one to two weeks. Wounds that are kept moist with Vaseline and covered will heal quicker and with less scarring.
- A small amount of bleeding and drainage is normal. If this continues past 3-4 days please call the office.
- If you notice spreading redness, increasing pain, or fevers please call the office as these may be signs of infection. Although rare, if it occurs an infection is most likely to present around days 5-7 after surgery.
- Your sutures will need to be removed. Sutures on the face are generally removed in one week. Sutures everywhere else are removed in 10-14 days. Please return to our office for suture removal at your scheduled time, or call our office if you do not have a suture removal visit scheduled.
- We will call you with your surgery results in 1-2 weeks.
- Call us with any concerns you may have.

Thank you for trusting us with your care!

Pathology

Anytime skin is removed from your body for testing (biopsy, excision, shave removal, etc), you will be assessed a charge for processing the slide and a charge for reading the slide. You may also receive a bill from Regional Pathology Services or PCA Southeast if our provider deems it necessary to obtain a second opinion.

Laboratory

With lab services, you will either receive a bill from our office or from Regional Pathology Services for services rendered.

Cancellation of Appointments

We require 24-hour notice if you need to cancel your scheduled appointment. This enables us to see another patient who otherwise may have to wait for an appointment.

No-Show and Late Cancellation Policy

When you fail to keep your scheduled appointment (No-Show) or fail to cancel your appointment with 24 hours of notice, this prevents us from seeing another patient who may also need an appointment. We charge \$50 for all No-Shows or appointments that aren't cancelled with 24 hours notice. For procedure appointments, the charge is \$100.

We reserve the right to dismiss a patient from our practice for recurrent No-Shows.

Billing Statement

Once we receive an Explanation of Benefits (EOB) from your insurance company, any outstanding balance from the EOB is due within 30 calendar days. If you cannot pay the balance within 30 calendar days, please contact our billing department at 402-505-8777 to make other arrangements.

We charge a \$40.00 fee for returned checks. If your check is returned, we ask that you pay your balance using cash or credit card.

Outstanding balances will be collected at the time of check-in prior to each visit.

Any unpaid balances will be sent to a collection agency if the account remains unpaid after 3 billing statements have been sent. If you are unable to pay your balance, please contact the billing department at 402-505-8777 to make other arrangements.

If your account is in collections, payment in full is required before any future appointments will be made. We also require a credit card on file for any account that has previously been in collections. This credit card will be used to pay any future balances if they remain unpaid after 3 billing statements. We will scan your credit card into our system which stores your card information. However, once the credit card is scanned, we can only view the last 4 digits.

I have read the above financial policies and I agree to abide by these policies.

Patient Name _____

Signature _____ Date _____

Relationship to patient _____

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