

We are committed to providing you with the best care possible. Therefore, it is important to our practice that you understand the details of your FREE initial screening visit with The North Shore Vein Center.

Your initial screening evaluation and subsequent discussion with the physician are **free of charge**. However, a venous ultrasound and arterial examination are usually performed so the doctor can not only establish an individualized treatment plan for you, but make sure that there are no apparent contraindications to any treatment that might be proposed. This will allow us the opportunity to provide you with a more detailed and comprehensive evaluation of your circulation beyond what can be seen on visual inspection. We prefer to do this at the screening exams so we can give you a complete assessment and treatment plan during your free evaluation today.

You may refuse to have this screening sonogram, if you so desire, so that no submissions will be made to your insurance company. However, this will limit the amount of information that we can provide to you regarding your future care and treatment. There are underlying conditions that can only be seen on a more detailed ultrasound, that we may not be able to pick up on routine inspection. In addition, you may have certain contraindications to treatments that we will not be able to make you aware of.

These screening ultrasound exams will be considered as a "separate charge", and will be billed to your insurance company. Most insurance companies cover this screening, as this is normally considered medically necessary. However, **there will be no out of pocket charges to you for this evaluation**, even if your insurance company does not cover the screening tests. Nor will you be responsible for any co-payments, co-insurance, deductibles or any other fees associated with these exams. You will never receive a bill from us for this date of service. The insurance reimbursement may come to us or directly to you. If you receive the explanation of benefits and the payment for this screening ultrasound, you agree to assign it over to us within 30 days of receipt. **Again, there will be no out-of-pocket expenses for you on this initial visit.** We will accept whatever reimbursement that your insurance carrier makes for these studies, but they must be assigned over to us. You may simply send the information and payment, if you receive it, by mail, to our office within 30 days.

I hereby acknowledge and fully understand that any diagnostic services or other medical services (such as a venous duplex ultrasound) performed by The North Shore Vein Center, will be billed to my insurance company, and I will assign those payments over when and if I receive them.

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Patient Signature

\_\_\_\_\_  
Date

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Witness Signature

\_\_\_\_\_  
Date