**Visits**

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| **Quantity of forms** | **Visit type/ Forms** | **Visit Time** | **Practice HER Visit Codes** | **Payment/Source** | **Aftercare/ follow up appointment** |
|  | **New Adult/Pediatric Patient Family Practice**  | ***60 min*** | ***New Family*** | ***Collect insurance card and put on file*** | *If procedure performed I will let you know or* |
| 1 | Adult/Ped Patient Medical History | $120 Cash PayBefore visit | *Look at note under patient* *Appt. note!* |
| 1 | Hippa pages 1-5  | Copay for insurance |
| 1 | ROS |
| 1  | New Patient Information  |
|  | ***Weight Loss 1st Visit*** | ***60 min*** | ***WT. Loss 1*** | ***Credit Card Machine*** | *Follow up in 30 days**After 1st and 2nd weight loss visit* |
| 1 | New Patient information ***\*Do not give for return family*** | ***ALWAYS DO DEBIT IF THAT IS AN OPTION 1ST SAVES US MONEY*** |
| 1 | Appointment reminder information ***\*Do not give for return family/aesthetic patient*** |
| 1 | Weight loss consent form | ***$130 Cash Pay******Before visit***  |
| 1 | Release of photo ***\*Do not give for return family/aesthetic patient*** | ***ONLY!! (even for items purchased during visit to pay for after visit)*** | *Every 6 months* *After the 1st 3 visits**X2 visits* |
| 1 | PHQ9 | ***Get Insurance Info.*** ***For any labs that may need to be done.***  |
| 1 | GAD7 |
| 1 | Payment for services ***\*Do not give for return family/aesthetic patient*** | *Then yearly* *If needed* |
| 1  | Hippa etc. forms 1-7 ***\*Do not give for return family/aesthetic patient*** |
| 1 | ROS |  |  |  |  |
|  | ***Weight Loss Follow Up Visit*** | ***30 min*** | ***WT. L. F/U*** | ***Credit Card Machine******DEBIT 1ST ALWAYS*** | *See info above* |
| 1 | ROS (Review of Systems filled out when they are in the waiting room) | ***$100 Cash Pay******Before visit***  |
|  | ***Injection/Aspirations*** | ***30 min*** | ***Joint Inj.*** | ***Credit Card Machine*** ***Debit 1st always*** |  |
| 1 | New Patient information ***\*Do not give for return family*** |  | ***Cash/Credit/Debit for off label injections***  |  |
| 1 | Aspiration/Injection consent form | ***NM Trigger******(Trigger point)*** | *\*Aftercare form for aspiration**/injection* |
| 1 | Appointment reminder/cancelation notification ***\*Do not give for return family/aesthetic patient*** | ***Trigger Pt******(Trigger point f/u visit)*** | ***OR*** | *24 hour f/u scheduled at check out* |
| 1  | Release of photo form ***\*Do not give for return family/aesthetic patient*** | ***Test Inj.******(testosterone injection only)*** | ***Through insurance if on label*** |  |

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| 2 | Aspiration/Injection aftercare forms |  | ***Test/labs******(testosterone injection with labs)*** | $ Cash PayBefore visitCopay for insurance |  |
| 1\*\*  | PRF consent form \*\*if wanting PRF injections for joints | *\*Arrow: Clockwise curve with solid fill* |
| 2 \*\* | PRF aftercare \*\*if getting PRF injections | ***PRF Joint*** | ***NP Will Put on the Patient Note******Section in the schedule*** | *\*PRF after care sheet at checkout* |
| 1 \*\* | Neuromodulator consent form \*\*if wanting botox into trigger points | Instruct patient to portal to sign |  |  |
| 2\*\* | Neuromodulator aftercare forms \*\*if wanting botox into trigger points | Instruct patient to portal to sign |  |  | *Give neuromodulator aftercare form at check out* |
| 1 | Testosterone off label use if not covered by insurance |  |  |  |  |
| 1 | Payment for Services ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. forms ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1 | TAC Consent form |  |  |  |  |
|  | **Cyst/Mole Removal** |  |  |  |  |
| 1 | New Patient information ***\*Do not give for return family*** |  |  |  |  |
| 1 | Cyst/mole consent | ***45 min*** | ***Cyst/MoleR*** | ***Through Insurance*** | *Give cyst/mole aftercare at checkout* |
| 2 | Cyst/mole aftercare |  |  | $ Cash/credit/debit is preferred for $ insurance copay | *24-hour f/u scheduled at check out (24pr)* |
| 1  | Release of photo form ***\*Do not give for return family/aesthetic patient*** |  |  |
| 1 | Price list ***\*Do not give for return family/aesthetic patient*** |  |
| 1  | Hippa etc. forms ***\*Do not give for return family/aesthetic patient*** |
| 1 | Appointment reminder/cancelation notification ***\*Do not give for return family/aesthetic patient*** |
| 1 | TAC Consent |  |  |  |  |
|  | **Medical Marijuana Card 1st Visit** | ***60 min*** | ***THC1*** | ***Credit Card Machine***Debit 1st always |  |
| 1 | New Patient information ***\*Do not give for return family patient*** |  |  | ***$250 Cash Pay******Before visit***  |  |
| 1  | Medical Marijuana Consent Form |  |  |  |  |
| 1  | Adult Patient Medical History ***\*Do not give for return family patient*** |  |  |  |  |
|  | **Medical Marijuana Card F/U Visit** | ***30min*** | ***THC2*** | ***Credit Card Machine******Debit 1st always*** |  |
| 1 | ROS |  |  | ***$150 Cash Pay******Before visit***  |  |
|  | **Additional Family Practice Visits** |  |  |  |  |
|  | Follow up Visit | ***30 min*** | ***FU30*** | $ Cash/credit/debit is always preferred 1st for $ insurance copay |  |
|  | Follow up >3 Issues | ***45 min*** | ***FU45*** |  |
|  | Follow up >5 Issues | ***60 min*** | ***FU60*** |  |
|  | Male Physical | ***30 min*** | ***MPE*** |  |
|  | Female Physical  | ***30 min*** | ***FPE*** |  |
| 1 | Immunizations Only | ***15 min*** | ***IMUZ*** |  |
| ***15 min*** | ***FS*** |
|  | Lab Draw | ***15 Min*** | ***LAB*** | Insurance info Only |  |
|  | Nurse visit | ***15 Min*** | ***NUR*** |  |  |
|  | Suture Removal | ***15 min*** | ***SR*** |  |  |
|  | Any 15 | ***15 min*** | ***A15*** |  |  |
|  | Any 20 | ***20 min*** | ***A20*** |  |  |
|  | Sports Physical(all the same forms as a new family patient) | ***25 min*** | ***SP*** | ***Credit Card Machine******Debit 1st always If no insurance*** ***$25 Cash Pay******Before visit***  |  |

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|  | ***Botox 1st Visit to Clinic*** | ***30 min*** | ***BOT*** | ***Credit Card Machine******Debit 1st always*** ***$Cash Pay*****After *visit***  | *@ check out 24-hour f/u & 2 week f/u visit either virtual or in person (put in notes what patient would like)* |
| 1 | Health History form for aesthetics |  |  |
| 1 | Neuromodulator consent form |  |  |
| 2\* | Neuromuscular after care forms |  |  |  | *Give neuromodulator aftercare form at check out* |
| 1 | Appointment reminder/cancellation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1 | Release of photo form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1 | Price 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. forms ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | ***Botox RETURN Visit to Clinic*** | ***15 min*** | ***BOES*** | ***Credit Card Machine******Debit 1st always*** |  |
|  | Return Botox patient |  |  | ***$Cash Pay*****After *visit*** |  |
|  | ***Fillers 1st visit*** | ***45 min*** | ***Filler*** | ***Credit Card Machine******Debit 1st always*** | *@ check out 24-hour f/u & 1 week f/u visit either virtual or in person (put in notes what patient would like)* |
| 1 | Health history form |  | ***FILF******(1st time filler already family patient)*** |  ***$Cash Pay*****After *visit***  |
| 1 | Filler consent form |  | ***FL24*** |  |
| 2\* | Filler after care form |  |  |  | *Give filler aftercare form at check out* |
| 1 | Appointment reminder/cancellation notification ***\*Do not give for return family/aesthetic patient*** |  | ***FIL2*** |  |  |
| 1 | Release of photo form ***\*Do not give for return family/aesthetic patient*** |  | ***FIL3*** |  |  |
| 1 | TAC consent |  |  |  |  |
| 1 | Hyalase consent |  |  |  |  |
| 1 | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. forms ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | ***Fillers Return visit*** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
|  | Return Filler patient  | ***45 min*** | ***FILE*** | ***$Cash Pay*****After *visit*** |  |

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|  | ***Hair Restoration*** | ***60 min*** | ***Hair Rest*** | ***Credit Card Machine******Debit 1st always*** |  |
|  | This example is not in the receptionist book |  |  | ***$Cash Pay*****After *visit*** | *@ check out 24-hour f/u & 2-week f/u visit- IF THE PATIENT LIKE ONE- either virtual or in person (put in notes what patient would like)* |
| 1  | Health History Form for Aesthetics |  |  | ***OR*** |
| 1 | Appointment Reminder/Cancelation Notification ***\*Do not give for return family/aesthetic patient*** |  |  | ***Through Insurancce*** |
| 1 | Release of Photo form ***\*Do not give for return family/aesthetic patient*** |  |  | $ Cash PayBefore visitCopay for insurance |
| 1 | PRF Consent \*If treatment is scheduled |  |  |
| 2 | PRF Aftercare \*if PRF treatment is scheduled |  |  | ***NP Will Put on the Patient Note******Section in the schedule*** | *Give PRF aftercare form at check out* |
| 1 | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. forms ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | ***Hair Restoration RETURN Visit***  |  |  | ***Credit Card Machine******Debit 1st always*** |  |
|  | Return Hair No forms and not in receptionist book | ***60 min*** | ***Hair Rest******Make a note in comments on which treatment this is & what payment plan they got*** | ***$Cash Pay*****After *visit*** |  |
|  | **Lippo Dissolve (Kybella)** |  |  |  |  |
| 1 | Health history form for aesthetics | ***45 min*** | ***LippoD*** | ***Credit Card MachineDebit 1st always*** | *@ check out 24-hour f/u & 2-week f/u visit- IF THE PATIENT LIKE ONE- either virtual or in person (put in notes what patient would like)* |
| 1  | Lippo Dissolve consent form |  |  | ***$Cash Pay*****After *visit*** |
| 1 | Appointment reminder/ cancelation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  |
| 2\* | Lippo Dissolve aftercare |  |  |  | *Give Lippo Dissolve aftercare form at check out* |
| 1  | TAC Consent |  |  |  |  |
| 1  | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
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|  | **Lippo Dissolve (Kybella) Return V.** | ***45 min*** | ***Lippo D******Put in notes what visit this is*** | ***Credit Card Machine******Debit 1st always*** |  |
|  | Return Lippo Dissolve  |  |  | ***$Cash Pay*****After *visit*** |  |
|  | ***Micro Needling 1st visit*** | ***60 min*** | ***Microneed*** | ***Credit Card Machine******Debit 1st always*** |  |
| 1 | Health history form |  | ***PRF MN******Microneedling with PRF*** | ***$Cash Pay*****After *visit*** |  |
| 1 | Micro needling consent form |  |  |  |  |
| 2 | Micro needling aftercare form |  |  |  | *Give Micro Needling aftercare form at check out* |
| 1 | Appointment reminder/cancelation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  | *@ check out 24-hour f/u & 1-week f/u visit, either virtual or in person (put in notes what patient would like)* |
| 1  | Release of photo form ***\*Do not give for return family/aesthetic patient*** |  |  |  |
| 1  | 1 TAC consent |  |  |  |
| 1 | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. forms ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| \*\*\*\* | Melasma treatment/PRF treatment with micro needling\*\*\* need the forms below  |  |  |  |  |
| 1 | PRF consent |  |  |  |  |
| 2 | PRF aftercare instructions |  |  |  | *Give PRF aftercare form at check out* |
|  | ***Micro Needling RETURN visit*** |  |  | ***Credit Card Machine******Debit 1st alway*** |  |
|   | Return Micro Needling  | ***60 min*** | ***Microneed*** | ***$Cash Pay*****After *visit*** |  |
|  |  |  | ***PRF MN*** |  |  |
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|  | ***PDO Threads*** | ***60 min*** | ***Combo PDO*** |  |  |
| 1 | Health history aesthetics form |  |  | ***Credit Card Machine*** |  |
| 1 | PDO consent form |  |  | ***$Cash Pay*****After *visit*** |  |
| 2\*  | PDO aftercare forms |  |  |  | *Give PDO aftercare form at check out* |
| 1\* | Appointment reminder/cancelation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  | *@ check out 24-hour f/u & 2-week f/u visit, either virtual or in person (put in notes what patient would like)* |
| 1 | Release of Photo ***\*Do not give for return family/aesthetic patient*** |  |  |  |
| 1 | TAC consent |  |  |  |  |
| 1 | Price list ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. forms ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | ***PDO Threads RETURN VISIT*** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
|  | Return PDO threads  | ***60 min*** | ***Same as above codes*** | ***$Cash Pay*****After *visit*** |  |
|  | **O Shot** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
| 1 | Health history form for aesthetics | ***45 min*** | ***O Shot*** | ***$500 Cash Pay*****BEFORE *visit*** |  |
| 1  | O shot consent form |  |  |  |  |
| 1 | Appointment reminder/ cancelation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1 | Off label use form for PRF |  |  |  |  |
| 1  | TAC Consent |  |  |  |  |
| 1  | PRF consent form |  |  |  |  |
| 1  | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | **O Shot** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
|  | O Shot Return Patient  | ***45 min*** | ***O Shot*** | ***$500 Cash Pay*****BEFORE *visit*** |  |

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|  | **P Shot** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
| 1 | Health history form for aesthetics | ***45 min*** | ***P Shot*** | ***$500 Cash Pay*****BEFORE *visit*** |  |
| 1  | P shot consent form |  |  |  |  |
| 1 | Appointment reminder/ cancelation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1 | Off label use form for PRF |  |  |  |  |
| 1  | TAC Consent |  |  |  |  |
| 1  | PRF consent form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | **P Shot** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
|  | Return P Shot Visit | ***45 min*** | P Shot | ***$500 Cash Pay*****BEFORE *visit*** |  |
|  | **Sclerotherapy** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
| 2\*  | Sclerotherapy consent form | ***45 min*** | ***Sclerotx*** | ***$Cash Pay*****After *visit*** | *Give sclerotx consent form at check-out it has the aftercare on it* |
| 1 | Appointment reminder/ cancelation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  | *@ check out 24-hour f/u & 2-week f/u visit, either virtual or in person (put in notes what patient would like)* |
| 1 | TAC Consent |  |  |  |
| 1  | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1 | Release of Photo ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | **Sclerotherapy Return Visit** |  |  |  |  |
|  | Return Sclerotherapy visit | ***45 min*** | ***Sclerotx*** |  |  |

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|  | **Printed & Given to patient in clinic consents** |  |  |  |  |
|  | Appt reminder etc. form | Printed from patient's Athena and given to them |
|  | FLU Shot Consent | Printed from patient's Athena and given to them |
|  | ROS (Review of Systems) |  |
|  | New Patient information form |  |
|  | Aspiration/Injection Consent |  |
|  | Aspiration/Injection Aftercare |  |
|  | Cyst/Mole removal consent |  |
|  | Cyst/Mole Removal aftercare |  |
|  | Neuromodulator aftercare |  |
|  | Filler Aftercare |  |
|  | PDO threads aftercare |  |
|  | Sclerotherapy Consent \* | This has the aftercare instructions on it |
|  | Micro Needling Aftercare |  |
|  | PRF Aftercare |  |
|  | Lippo Dissolve/ Kybella aftercare |  |

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|  | QWO |  |  | ***Credit Card Machine******Debit 1st always*** |  |
| 1 | Health history form for aesthetics ***\*Do not give for return aesthetic patient*** | ***45 min*** | ***QWO*** | ***$2400 Cash Pay*****BEFORE *visit*** |  |
| 1  | QWO consent form |  |  |  |  |
| 1 | Appointment reminder/ cancelation notification ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | TAC Consent |  |  |  |  |
| 1  | Payment for service ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 1  | Hippa etc. form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
|  | **IV INFUSION** |  |  | ***Credit Card Machine******Debit 1st always*** |  |
| 1 | Appointment reminder/ cancelation notification ***\*Do not give for return family/aesthetic patient*** | ***45 min*** | ***IV*** |  | *@ check out 24-hour f/u & 2-week f/u visit, either virtual or in person (put in notes what patient would like)* |
| 1  | Payment 4 Service ***\*Do not give for return family/aesthetic patient*** |  |  |  | *Give iv infusiuion consent form at check-out it has the aftercare on it* |
| 1  | Hippa etc. form ***\*Do not give for return family/aesthetic patient*** |  |  |  |  |
| 2\* | IV infusion consent forms |  |  |  |  |