LegsConcierge

YOUR LEGS ... YOUR LOCATION!

Insurance vs. LegsConcierge[™] Cash Pay Option

The treatment of varicose veins, spider veins, reticular veins, perforator veins, anterior branch veins are subject to a litany of "hoops" to jump through in order to receive approval and payment from insurance companies. Based on your insurance policy, LegsConcierge may be a better approach to complete your care with an affordable option that provides 100% Total Vein Care.

Insurance Model

- 1. Do you have insurance?
- 2. What is the deductible? \$_____
- 3. What is the out-of-pocket per visit? \$_____
- What is the co-insurance amounts? \$_____
- 5. What's the waiting period for conservative treatment? Documentation necessary from doctor.
 - a. 90 days of compression stockings
 - b. Leg elevation
 - c. Anti-inflammatory medications
 - d. Hot/cold compression
 - e. Daily exercise
 - f. Weight loss
 - g. Etc. (Per insurance company policy)
- 6. Does my insurance pay for vein treatments?
 - a. Ultrasound appointments
 - b. Great Saphenous Ablation (RF or Laser)
 - c. Small Saphenous Ablation (RF or Laser)
 - d. Perforator Vein(s) (RF or Laser)
 - e. Cosmetic Sclerotherapy
 - f. Ultrasound Guided Sclerotherapy
- 7. Will the insurance company pay for the <u>completion of my treatment plan?</u> Most don't. They will pay for some but not all of your treatment plan based on their own vein policy.
- 8. You are responsible for all payments regardless of insurance authorization?
- 9. If you are denied, you're still responsible for all payments to doctor and clinic.

LegsConcierge[™] Model

- 1. One FEE per leg for the following services:
 - a. Initial Consultation
 - **b.** Diagnostic ultrasound
 - c. Treatment Plan review Telemedicine with Surgeon to discuss vein(s) to be treated
 - d. <u>NO conservative waiting period, stockings prior to procedure, or delay for insurance</u> <u>approval. If you have venous reflux, we will schedule you for first available</u> <u>appointment.</u>
 - e. Post procedure follow up appointment
 - f. Includes (1) pair of post procedure compression stockings
 - g. Includes (2) sclerotherapy sessions.
 - h. All inclusive vein treatment per leg for:

Right leg \$	_Deposit \$	
Left Leg \$	_ Deposit \$	
Sub Total\$	_	
Credit Card (+3%) \$		
*Grand Total \$		
*Finance with 50% down and 12 months payment of \$with do or credit card on file with no interest from LegsConcierge, LLC.		

Patient agrees that procedures will be completed by licensed medical personnel, informed consents must be signed, financial charges are the sole responsibility of the patient, patient privacy is protected by HIPAA.

Date:	_Time:
Patient Signature:	
Patient Name (Print):	