



Dear Patient,

You have been kindly referred to our office for skin cancer removal by a method known as “Mohs Micrographic Surgery”. This surgical procedure is done in our private office in Anderson, SC.

This highly specialized procedure can be somewhat more time consuming than a typical skin cancer removal by other methods, and it is therefore necessary for us to set aside a significant block of time for the careful removal of your skin cancer. It is very important to have your surgery time and date confirmed with our office as soon as possible. If for any reason, you decide that you are unable to keep your surgical appointment, due to the significant amount of time that we have specifically held for you, you need to call our office as soon as possible to notify us of such a cancellation.

Doing so will allow us to more efficiently serve another patient who is equally in need of this service. Please remember to review the details within the instruction sheet on the next page entitled "Instructions Before Surgery”, and call us if you have any special concerns or questions, or if you are unable to find an answer quickly enough on our web site.

We look forward to serving you on your scheduled appointment date.

Sincerely,

Phyllis,
Scheduling Supervisor

If you have not yet spoken with someone in our office personally, please call us at your earliest convenience at 1-800-972-3751. Thank you.

www.skincancercentre.com

1409 N. Fant Street Anderson, SC 29621

864-231-8599 or 1-800-972-3751 Fax: 864-231-8073

INSTRUCTIONS BEFORE SURGERY

1. If you have an artificial heart valve, joint, or pacemaker, or if you have ever been told you need an antibiotic BEFORE dental work, please notify us prior to your surgery so we can make arrangements to treat you accordingly.

2. **DO NOT** take any aspirin, Advil, Aleve, Motrin, Alka-Seltzer, headache powders, or vitamin E for at least 7 days before your surgery date. Tylenol is permitted. Please notify our office if another doctor starts you on any arthritis medication or blood thinners before your appointment time. Please continue to take blood pressure and other medications as prescribed. (**See # 7 below for exceptions**)

3. Please make every effort to bring a friend or family member to drive you home after surgery. You will not have general anesthesia, but may be bandaged in such a way that driving yourself would be difficult.

4. **EAT** before your surgery. You may have restrictions in that regard afterwards.

5. Schedule your activities around the surgery date. No exercise, weight lifting, or sports activities (including golf) will be permitted for at least one week, possibly longer. Plan to rest and have minimal activity for at least 48 hours after your surgery.

6. If you are having surgery on the face, please notify us in advance if you begin having cold or flu symptoms or uncontrolled sinus allergy problems. If you are unable to keep your appointment for any reason, please notify our office as far in advance as possible.

7. **Do Not** stop any blood thinners such as Aspirin, Plavix, or Coumadin unless this is allowed by your family physician or heart doctor.

Your Doctor Has Recommended MOHS Micrographic Surgery

Your Questions Answered

1.) Q: What is Mohs Micrographic Surgery?

A: A precise and highly specialized surgical removal method that allows the surgeon to examine all of the important tissue margins by utilizing a microscope to visualize all the cancer cells that may be hidden within or under the skin. This proven method of skin cancer removal offers the greatest possible chance of a complete cure, while preserving as much normal skin as possible.

2.) Q: Why do you need Mohs surgery?

A: Your skin cancer may be in a delicate location on your face, ear, or nose where a very precise method of removal is important to ensure complete removal, and to minimize the amount of potential deformity. Another reason to have this surgery is, that possibly your skin cancer has been treated before, and it did not completely respond to the more common methods of removal.

3.) Q: Do you have to go to a hospital to have this procedure performed?

A: NO, this procedure is performed in an outpatient setting in the private office of Dr. DeAngelis, with a CLIA certified lab and trained technicians on the premises. This lab allows us to immediately process the skin cancer tissue that is removed while you wait in a comfortable and private setting.

4.) Q: What does Dr. DeAngelis NEED TO KNOW about you before your surgery?

A: If you have ever been told to take ANTIBIOTICS before having dental work or surgery, and if you take blood thinners such as aspirin, Plavix, Coumadin, headache powders, arthritis medicine, or mega doses of vitamin E.

NOTE: It is important that we know if you take any such medications and WHETHER OR NOT it is safe to stop these medicines for seven days before your surgery. You may need to discuss this with your family physician or heart doctor before safely holding or stopping any such blood thinners.

5.) Q: Should you have surgery before an upcoming “out of town” trip?

A: We recommend that you NOT plan any type of trip out of your home town for at least one week after your surgery due to the fact that you may require suture removal within four to seven days.

6.) Q: Where are we located and how can we be reached?

A: You can request a map to our office with our toll free phone number at the bottom of this page if one is not enclosed in the mailing.

7.) Q: Will you leave the office with an open wound from your cancer surgery?

A: We often perform the necessary reconstruction the same day your skin cancer is removed. The reconstruction, if needed, is performed while under local anesthesia. At other times, your referring doctor may have arranged for you to have further reconstruction closer to home by another specialist. Depending on the size and location of the wound, there are times when we will leave the wound to heal naturally, in which case, we will teach you how to care for the wound.

8.) Q: How long should you expect to be at our office?

A: You should expect to be at our office on average between two to five hours depending on whether or not the cancer is removed in one or more layers, and whether or not reconstruction is required. Expect that some of that time will be spent resting comfortably while reading a book or magazine, watching television in a private waiting room, or working on your lap top computer. We have Wi-Fi for your convenience.

9.) Q: What should you do in preparation for your surgery?

A: 1.) You SHOULD EAT a hardy breakfast before coming to our office.
2.) You should take all daily medications such as high blood pressure medicine, diabetes medicine, or other prescribed medicines with the exception of potential blood thinners (as previously discussed in question #4 on page one).

10.) Q: What should you do to hopefully prevent the need for Mohs surgery in the future?

A: You should follow up with your referring physician for routine skin cancer screenings to ensure the early detection of any additional skin cancers, if they were to develop. Remember, since you have developed at least one skin cancer in the past, your risk of developing others in your lifetime is somewhat greater than the average person who has never had a skin cancer. Therefore, routine follow up examinations by your referring physician is critical.

Financial Policy

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policy as an essential element of your care and treatment. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangements have been made in advance by either yourself or your health coverage carrier, payment is due at the time of service. Our office accepts payment by cash, check, Visa or MasterCard, and American Express.

Our fees reflect the usual and customary charges for this area. However, our fees may vary slightly from the usual and customary fees cited by insurance companies, which often include non-specialist fees and out-dated fees in their computations.

Your Insurance

We have contracts with many insurers. We will bill those plans with which we have a contract and will collect any copayment from you at the time of your service. In the event your health plan determines a service to be “not covered”, you will be responsible for the charges. In that event, we will bill you and payment is due upon receipt of the statement, although, in certain circumstances, reasonable payment plans may be established.

If you have insurance coverage with a plan that we do not have an agreement with, we will prepare and send the claim for you as a courtesy. Charges for your care and treatment are due at the time of service unless other arrangements are made by you with us in advance.

Minor Patients

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

I have read and understand the financial policy of The Skin Cancer Centre, P.A. and I agree to be bound by its terms.

Signature of Patient or Responsible Party

Date

Please print the name of the patient.

PATIENT ACKNOWLEDGEMENT AND CONSENT FORM FOR USE AND DISCLOSURE OF PHI

Our *Notice of Privacy Practices* provides information about how we may use and disclose protected health information about you and your rights with respect to your health information. By signing this form, you acknowledge that you have been provided with our **Notice of Privacy Practices** to review.

By signing this form, you also instruct this practice to release your medical and/or financial information according to the criteria listed below:

Medical and/or financial information about me may be released to:

_____ Spouse: Name of Spouse: _____

_____ Child(ren): Name of those authorized to receive information: _____

_____ Other (non-physician): _____

Please indicate if our practice can communicate your Protected Health Information (PHI) as described below: (circle answer for each item)

Yes/No - SCC may leave a message on my answering machine or voice mail regarding an upcoming appointment.

Yes/No - SCC may leave a message with someone answering the phone number I have provided regarding an upcoming appointment.

Yes/No - SCC may leave a message on my answering machine or voice mail concerning my pathology results.

Yes/No - SCC may leave a message with someone answering the phone number I have provided concerning my pathology results.

Yes/No - SCC may leave a message on my answering machine or voice mail that I need to call your office concerning any test results or financial matters.

Yes/No - SCC may leave a message with someone answering the phone number I have provided that I need to call your office concerning any test results or financial matters.

Yes/No - SCC may release any photographs or slides of me *including electronic release through the use of E-mail* for consultation and/or training purposes with any other medical personnel as deemed appropriate by Dr. DeAngelis.

Patient Name [please print]: _____

Patient or Parent or Legal Guardian Signature: _____ Date: _____

Name [please print]: _____

(If Parent or Legal Guardian)

Relationship to Patient: Parent Legal Guardian

PATIENT INFORMATION

Name _____
 Address _____

 Home Phone _____ Cell Phone _____
 Date of Birth _____ Sex _____ Race _____
 Social Security Number _____
 Employment _____
 Work Phone _____ Spouse _____
 E-mail Address _____

RESPONSIBLE PARTY INFORMATION (If Patient is a Minor)

Name _____
 Address _____
 _____ Home Phone _____
 Cell Phone _____ Work Phone _____
 Employment _____
 Social Security Number _____

INSURANCE INFORMATION

	Policy Number	Insured	Effective Date
Medicare			
Medicaid			
Blue Cross & Blue Shield			
Other			

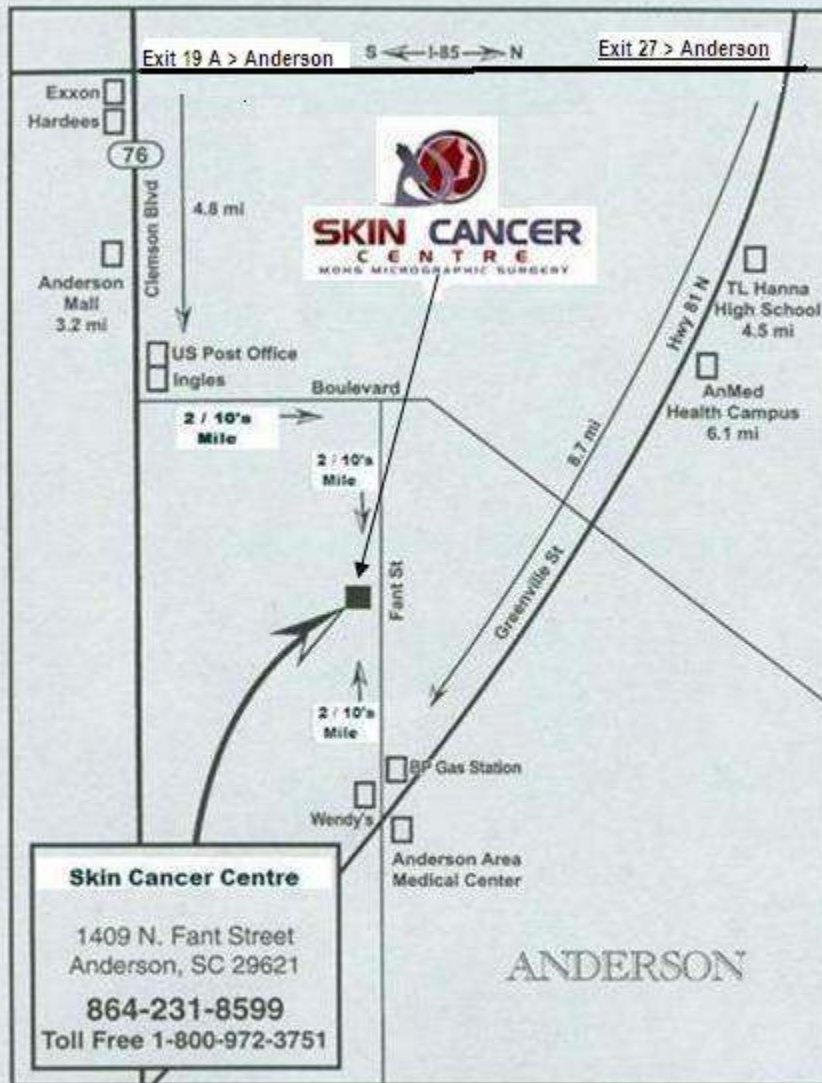
I authorize Skin Cancer Centre, to release to my insurance companies any information required for services provided. I permit a copy of this authorization to be used in place of the original and request that payment of insurance benefits are assigned to Skin Cancer Centre.

I understand that I remain responsible to the Skin Cancer Centre, for any and all charges not met by the payment of the assignment above and for all charges should said payment not be paid within a responsible time after charges are filed with the insurer.

 Responsible Party

 Patient's Signature

Map to the Skin Cancer Centre



From Greenville: Hwy I-85 South to Exit 27, Left onto Hwy 81N., drive approximately 8.7 miles to the intersection of Greenville St. and N. Fant St.. Turn Right onto N. Fant St., go about 3 blocks (0.2 miles), office is on the Left. Skin Cancer Centre - 1409 N. Fant St.

From GA: Hwy I-85 North to Exit 19-A Merge onto Clemson Blvd., drive approximately 4.8 miles until you see US Post Office and Ingles on the Left. Turn Left onto Boulevard, go to the next traffic light, turn Right onto N. Fant St., go 2 blocks (0.2 miles), office is on the Right. Skin Cancer Centre - 1409 N. Fant St.