

Treatment Quote

Your doctor will complete this. Bring to checkout and pay today for discounts below:

Patient Name _____

Date: _____

| Description | Price | Quantity | Sub-Total |
|---|------------|----------|-----------|
| Office Visit to Evaluate & Advise | | | |
| - Level 1 (some follow-ups & acne, most televisits, etc) | \$200 | | |
| - Level 2 (new patients, skin checks, new or multiple conditions, isotretinoin start, etc) | \$250 | | |
| - Level 3 (complex conditions, patients requiring longer discussions, biologic Rx's, etc) | \$300 | | |
| Cosmetic Consultation | \$200 | | |
| Minor Procedures (freezes, burning, clipping, drainage, etc) | \$200 | | |
| Acne/Milia Extractions | \$125 | | |
| Injection (per area or condition) | \$75 | | |
| Biopsy/Mole Removal | | | |
| - First Biopsy of visit | \$150 | | |
| - Each Additional Biopsy at same visit | \$100 | | |
| Fungal Stain KOH | \$40 | | |
| Malignant Destruction/C&D | \$200 each | | |
| Punch Excision | \$300 each | | |
| Surgical Excision | \$650 each | | |
| Melanoma or Complex Surgery Excision | \$850 each | | |
| Pathology, per site (required for each biopsy & excision) | \$100 each | | |
| Photodynamic Therapy/PDT (1 stick, 1 site; includes recommended 3 day post-procedure visit) | \$850 each | | |
| - Levulan (per extra unit of photo-sensitizer) | \$500 each | | |
| Patch Testing (80 allergens, 2 follow-up visits to interpret) | \$890 | | |
| Pregnancy Test (related to isotretinoin) | \$25 | | |
| Other | | | |

Terms:

Total Discounted Cost _____

- Full **Payment on the date of service** required to receive discount above; otherwise, full charges apply
- For In-Network patients: Discounts above only available on services excluded from plan coverage, or if patient opts out of using insurance by restricting us from submitting claim to insurance per their HIPAA (privacy) rights
- No claim will be submitted to insurance for these services
- Outside Laboratory services may be necessary in some cases, and are not included; we will do our best to notify patients of their lab needs in advance whenever possible
- Discounted prices above subject to change; cannot be combined with other discounts.
- By accepting these discounts, patient acknowledges and agrees to these terms.

Patient Initials: _____