THE VEIN AND LASER CENTER
OF NORTHERN COLORADO

About our Clinic….

We, at the Vein and Laser Center, want to thank you for choosing our clinic for your vein concerns. Your consult for varicose veins has been scheduled for _____.

We will:

1. Schedule your procedure, if you are a candidate, and obtain pre-authorization from your insurance company. The pre-authorization and/or predetermination process could take up to 4 weeks and procedures are scheduled accordingly.
2. **Determine your estimated financial responsibility for the procedure, so that you are prepared for that expense on the day of your treatment.**
3. Schedule follow-up visits with you that will include an ultrasound; at 1 week, 1 month, and 3 months, which we will submit to your insurance company. You will be responsible for any co-insurance or co-pays for these visits as outlined in your plan summary.

If your insurance company does not consider your treatment plan to be medically necessary, you may be required to meet certain criteria prior to authorizing any treatment. If this is the situation, we will inform you of their decision and discuss with you the options available or what steps are necessary to meet their requirements.

Please understand that any estimates, co-pays or co-insurance amounts that we acquire for you may vary depending on deductibles and the accuracy of the information given to us by your insurance company. You may contact your insurance company or refer to your plan book for your health insurance benefits. You may be responsible if your insurance doesn't pay.

All of our procedures are done in the office and take less than a few hours. Once you are ready to schedule your procedure, you will visit with our nurse regarding what to expect before and after your treatment. Recovery is relatively painless with a few simple adjustments to your daily routine for the following two weeks. You will be required to wear compression hose for two weeks and return to see your physician for several follow up visits.

Thank you again for choosing us for your vein care needs. We hope you find your experience with us to be pleasant, professional, and effective in helping you achieve the look you desire.

The Vein and Laser Staff

_____
Patient Signature

Please bring this with you to your appointment, along with the Patient – Medical History.

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