

**Bayside Vein & Laser Center, PLLC**  
**Roy A Taylor, MD**

Welcome to Bayside Vein & Laser Center.

Your Appointment is on \_\_\_\_\_ at \_\_\_\_\_

Please bring:

- ✓ Completed Patient Registration Form (enclosed or online)
- ✓ Signed Privacy Notice (enclosed or online)
- ✓ Completed Varicose Vein Questionnaire form (enclosed or online)
- ✓ Your insurance cards
- ✓ Picture Identification (Example: Driver's License w/ current address)

**Before your appointment please check:**

- 1. Do you need a referral from your primary care provider?** Some plans (such as Group Health and Regence Selections) require you to have a referral to see a specialist. Please check with your plan and if you have a referral bring it with you in case we did not get a copy.
- 2. Are you on any current medications?** If you are on medications please bring a list of these or include them on the registration form. This is important information.
- 3. Do you have a copayment?** If you have a copayment with your insurance please be prepared to pay this at the time of the visit.
- 4. Do you have insurance?** If you have insurance please bring your cards. If you do not have insurance, please be prepared to pay at the time of service. We accept credit cards, cash and checks. **See insurance section.**

**INSURANCE**

We are contracted with many of the common insurances in our area. Please ask ahead of time to be sure we contract with your insurance company. We will submit claims for you. It is **your responsibility** to know your benefits, limitations, deductibles, prior authorization and referral requirements and coverage percentages. We can't tell you how much exactly you will owe after insurance until they have paid. You are responsible for any remainder. **For non-contracted insurance**-we will bill these once as a courtesy, but after that any remainder owed is your responsibility. Please also keep in mind that if your insurance is not contracted with us the amount will not be adjusted, so any balance will be your responsibility.

**CANCELLATION POLICY**

Office visits and aesthetic procedures: "No Shows" and cancellations with less than 48 hours notice will result in a **\$40 charge**.

Surgical and injection procedures: Less than 2 wks notice for reschedule or cancellation will result in a **\$100 charge**. This would have to be paid before we could reschedule your procedure.

FEES MAY BE WAIVED AT OUR DISCRETION FOR FAMILY OR MEDICAL EMERGENCIES

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