RESTORATION
VEIN CARE

Welcome to Restoration Vein Care (RVC). Thank you for scheduling your sclerotherapy appointment with me. I believe that every patient deserves the best possible care. My nursing background and my extensive training with the physicians at RVC has allowed me to focus my specialty on venous disease.

Your first appointment with me will be approximately 45 minutes. This will include a careful and thorough assessment including a recommendation of the quantity of sessions that will be needed to fully treat your legs. (Patients undergo anywhere from one to six sessions, with 10 to 30 injections per session.) All subsequent sessions will be approximately 30 minutes.

Enclosed are several items that will acquaint you with the practice and provide information about your upcoming appointment. I encourage you to take a few moments to look through this packet. If you have any questions or concerns, please feel free to call a member of our staff. We also have a website designed to assist you with frequently asked questions and directions. Visit our website at www.restorationveincare.com

At Restoration Vein Care, we understand your time is valuable. My goal is to provide you with quality healthcare in a timely manner. Please complete the enclosed forms, both front and back, and bring them with you to your appointment. I have included a consent form for you to read, if you have any questions prior to your sclerotherapy session I will be happy to answer them at our first visit. You can sign the consent form after all of your questions are answered and you feel comfortable. Please arrive 10 minutes before your scheduled appointment to allow time for the check-in process.

Of note: If I feel that the veins are being caused because of an underlying medical condition, I will advise you to schedule a return appointment and some diagnostic testing with one of our physicians.

I look forward to meeting you and making your legs look and feel their very best.

Kristie Cunningham, RN
Sclerotherapy Clinician

Created on 3/16/2010 9:30:00 AM

RESTORATION VEIN CARE

Patient Information

Name: _____ Date of Birth: _____ Gender: F M

Preferred Name: _____ Social Security #: _____

Home address: _____City _____State _____Zip: _____

Email: _____

Contact #s Home: (_____)_____Work: (_____)_____ Cell: (_____)_____

Employer: _____

Employer's address: _____City _____State _____Zip: _____

Spouse name: _____

Person to contact in case of emergency: _____

Relation to patient: _____ Telephone #: _____

Referring physician (if any): _____Phone:_____

Address: _____ City: _____

Primary care physician: _____ Phone: _____

Address: _____ City: _____

Health Insurance Information

Primary Insurance: _____ State: _____Policy # _____

Policy holder's name: _____ Date of birth: _____

Secondary Insurance: _____ State: _____Policy _____

Policy holder's name: _____ Date of birth: _____

Other Insurance: _____ State: _____Policy _____

Policy holder's name: _____ Date of birth: _____

How did you hear of our practice? □Referring Doctor □Friend/Family Member □Internet □Yellow Pages □Newspaper _____ □SJMH Employee □Magazine □Other

Authorization (for Medicare, Priority Health, HAP, Blue Care Network, and Blue Cross/Blue Shield plans)
I hereby authorize my insurance carriers to pay benefits directly to Restoration Vein Care, PLC. I understand that I am responsible to pay for any services not covered by my insurance. I also authorize release of pertinent medical information to my insurances carriers and the above-named physicians.

_____ _____
Signature Date

Located in the Reichert Health Building on the campus of St. Joseph Mercy Hospital
5333 McAuley Drive • Suite 4016 • Ypsilanti, Michigan 48197
734.712.4310 www.restorationveincare.com

RESTORATION VEIN CARE

Health Questionnaire

Name: _____

Height: _____ Weight: _____ Date of Birth: _____ Age: _____

Medical History

Do you now or have you had:

Varicose vein problems	☐ Right leg ☐ Left leg	When? _____
Redness or tenderness of a vein	☐ Right leg ☐ Left leg	When? _____
Superficial Vein Thrombosis	☐ Right leg ☐ Left leg	When? _____
Deep Vein Thrombosis (DVT)	☐ Right leg ☐ Left leg	When? _____
Leg/ankle/foot fracture	☐ Right leg ☐ Left leg	When? _____

If you have ever been treated for these conditions, please describe: _____

_____

How do the veins bother you?

☐sharp pain ☐aches/discomfort ☐congestion/pressure ☐swelling ☐itching ☐appearance

Have you had previous injection sclerotherapy of your veins? ☐ No ☐Yes When? _____

Have you tried previous treatment for your varicose veins, such as:

☐ Compression stockings ☐ Weight loss ☐ Leg elevation ☐ No ☐Yes When? _____

Do you now, or have you ever had any of the following?

Diabetes	☐ No ☐Yes When? _____
Thyroid disease	☐ No ☐Yes When? _____
High blood pressure	☐ No ☐Yes When? _____
Heart disease or heart attack	☐ No ☐Yes When? _____
Jaundice or hepatitis	☐ No ☐Yes When? _____
Cancer	☐ No ☐Yes When? _____
Weight change of more than 10 lbs in last 6 mo	☐ No ☐Yes When? _____
Easy bruising or bleeding	☐ No ☐Yes When? _____
Leg pain caused by walking	☐ No ☐Yes When? _____
Major injury or surgery of legs	☐ No ☐Yes When? _____

Number of pregnancies: _____ Number of deliveries: _____ Dates: _____

Are you now pregnant? ☐ No ☐ Yes Breast feeding? ☐ No ☐ Yes

List hormones you have taken (including birth control pills):_____

Dates used: _____

List current medications you are taking and dosages: _____

_____

List previous surgeries/dates: _____

_____

Smoking history: ☐ Never ☐ Yes- What, when and how much? _____

List all drug allergies: ☐ None ☐ Latex ☐ Iodine/X-ray dye ☐ Other_____

Please describe allergic reaction: _____

Family History

Has a member of your family had any of the following:

Blood clots	☐ No ☐ Yes Who? _____
Blood coagulation disorder	☐ No ☐ Yes Who? _____
Stroke or heart attack	☐ No ☐ Yes Who? _____
Pulmonary embolism	☐ No ☐ Yes Who? _____
Varicose veins	☐ No ☐ Yes Who? _____

_____ _____

Your signature Today's date

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RESTORATION VEIN CARE

Patient Financial Information

Billing Information:

Patients treated in this practice are responsible for the fees associated with their tests, treatments and office visits.

Patients seek medical attention for a variety of venous conditions and problems. Medicare and health insurance plans consider some conditions and treatments to be '*medically necessary*' and others to be '*cosmetic*' or '*elective*'.

Cosmetic or elective procedures are usually not covered by insurance plans. Fees for initial office visits and cosmetic services must be paid at the time service is provided. Fees for office consultations may vary, depending on the complexity of the consultation required.

Medically necessary procedures are often covered in part by insurance plans. Restoration Vein Care (RVC) bills insurance for medically necessary procedures performed on patients covered by Medicare, Priority Health, HAP, Blue Care Network and Blue Cross/Blue Shield plans. Patients covered by other insurance plans must pay at the time of service. RVC will provide the information needed to submit their claims directly to their insurance carrier. Collection of insurance benefits will be the responsibility of the patient.

You may be referred to a St. Joseph Mercy Health System (SJMHS) facility for additional laboratory or diagnostic testing such as duplex ultrasound exams. Charges for these procedures will be billed directly to you by SJMHS. Patients must consult with their insurance plans to determine if this testing is a covered benefit.

Payment for services:

Should your RVC physician recommend a procedure to be performed in a SJMHS operating room facility or Imaging Center, you will receive a bill from SJMHS (facility fee). Facility fees incurred for procedures performed for medical necessity will usually be covered in part by your insurance carrier. Questions regarding your facility bill should be directed to the SJMHS Billing Department.

You will also receive a separate bill from RVC (professional fee). All patients except those insured through Medicare, Priority Health, HAP, Blue Care Network and Blue Cross/Blue Shield plans, or those whose services are not a covered benefit, are responsible for the direct full payment of our professional fees for medically necessary procedures. If you have another form of medical insurance, you will be furnished with an itemized statement for professional services rendered for the operative or interventional procedure, and you should submit the charges to your insurance company for reimbursement. Payment for processional services provided in the SJMH Imaging Center or operating room facilities is due one week prior to your procedure.

Patients are encouraged to consult their insurance company to determine or confirm specific coverage.

My signature below confirms: I have received a copy and understand Restoration Vein Care's patient financial information.

I understand that it is my responsibility to know what the terms of my insurance coverage are, and in compliance with those terms, agree to pay all applicable co-pays and outstanding patient balances as described in the provided document.

_____ _____

Patient/Guarantor Signature Today's date

Restoration Vein Care

Sclerotherapy (Injection) Treatment
Frequently Asked Questions

Unwanted leg veins (spider veins), known medically as "telangiectasias" or superficial varicosities are dilated skin capillaries. These may become unsightly with time and may also lead to dull aching of the legs after prolonged standing.

Sclerotherapy is the technique of injecting a solution into these vessels (tiny capillaries or larger varicose veins) with a small needle. The solution irritates and destroys the inner lining of the blood vessel so it ceases to carry blood. The body then replaces this damaged vessel with scar tissue. Several injections may be needed for a specific area of telangiectasias. Fading of the vessels is a slow process which may take up to 6 – 12 months. The goal is to produce a 75% to 90% improvement in both appearance and symptoms.

1. What causes spider veins?

No one is totally sure. Certain families are predisposed to this condition, particularly female relatives. Certain things make spider veins worse: estrogens (female hormones), pregnancy, birth control pills, tight girdles and garter belts, prolonged standing or sitting, and trauma.

2. How does sclerotherapy work?

The solution destroys the tiny cells which line the blood vessels, with damage to the surrounding tissues.

3. How soon with the vessels disappear?

The vessels disappear over a period of 2 weeks to 6 months. Recurrences may rarely occur over a period of 1 – 5 years. This treatment does not prevent new telangiectasias from developing.

4. How often can I be treated?

The same area should not be injected for 2 weeks to allow for complete healing. Different areas may be treated every week.

5. How many times does it have to be done?

This varies with the number of areas that have to be injected, as well as the response to each injection. It usually takes one to three injections to obliterate any vessel.

6. Are there certain kinds of spider veins that cannot be treated?

Certain types of larger varicose veins may not respond readily to sclerotherapy alone. These vessels may require a minor surgical procedure.

7. What is ultrasound guided sclerotherapy?

Visual sclerotherapy refers to injection of surface veins that are visible to the naked eye. Some veins that need to be treated are below the surface of the skin and cannot be injected safely without the aid of ultrasound imaging assistance.

8. Is there any way to prevent spider veins?

The use of support hose may be helpful. Reducing you weight and regular exercise may also be of help.

9. What are the side effects of sclerotherapy of spider veins?

a. Slight blistering may occur around the injected vessels.
b. 10% – 30% of patients develop a small freckle-like tan to brown spot around the injected vessel. This usually resolves in 80% of these patients within 6 – 12 months. A few patients will have a persistent freckle.
c. Slight stinging or burning may occur with the injection.
d. Sometimes a clot develops at the injection site. These typically do not require treatment.
e. Swelling over the injection site may rarely occur.
f. A small superficial ulcerations of the skin overlying the injected vessel may occur. This area may look like a small scab with redness around the site. Please keep this area clean and dry. Clean with soap and water. There is no special ointment needed on this area. Over the next few months this area will heal and you may be left with a small scar. If you are concerned or have questions, please call the office.
g. Superficial thrombophlebitis occurs in less than 1 per 1000 patients.

Common side effects:

a. You may experience mild itching along the vein route. This itching normally lasts 1 to 2 days.
b. A few patients may experience mild to moderate pain and some bruising, usually at the site of the injection. The veins may be tender to the touch after treatment and an uncomfortable sensation may run along the vein route. This pain is usually temporary, in most cases lasting no more than 3 days.

RESULTS OF TREATMENT CANNOT BE GUARANTEED, BUT MOST PATIENTS ARE VERY PLEASED WITH THE COSMETIC AND FUNCTIONAL IMPROVEMENT.

Restoration Vein Care

Informed Consent for Sclerotherapy (Injection Treatment)

This is for your information only. The actual consent form will be signed in our office, after all of your questions have been answered to your satisfaction.

I have had a discussion with an experienced practitioner of injection sclerotherapy and I have received adequate information about sclerotherapy (injection) treatments.

I understand that the procedure may be uncomfortable and I may experience bruising and possible tender, lumpy areas along the course of some of the veins after they are treated. Most of these problems are minor and resolve with proper treatment or no treatment.

I have been informed of the risks, benefits and alternatives to sclerotherapy. Potential complications include, but are not limited to:

1. A chemical burn (ulcer) of the skin that may result in a permanent scar
2. Discoloration of the skin (hyperpigmentation)
3. Allergic reaction or hives at the injection site
4. Blisters
5. There have been reports of Transient Neurologic Episodes in patients who have had "foam" injections for sclerotherapy. Symptoms include visual disturbances, headaches, numbness and tingling. These typically resolve within hours. There have been no reports of permanent neurologic deficits (strokes) with intravenous foam injections.

I understand that multiple treatments may be necessary to achieve the best results.

I understand the benefits of post treatment instructions and I will adhere to them to obtain the maximum benefit from treatment. These instructions include:

1. Proper use of the compression garment (stocking). If recommended, the stocking should be worn continuously for the first 48 hours and then during waking hours for 5 days after treatment.
2. Avoidance of vigorous physical activity for 48 hours after treatment.
3. Avoidance of sun exposure to treated areas for 30 days after your last treatment session to minimize skin discoloration.

I understand there is no guarantee that my symptoms or appearance will improve after sclerotherapy treatment.

Women only: I understand that this treatment is not to be performed during pregnancy or breast feeding. I am not currently pregnant or breast feeding and will inform my care giver if that changes at anytime during the treatment period.

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5333 McAuley Drive, Suite 4016 ■ P.O. Box 992 ■ Ann Arbor, MI 48106
Phone (734) 712-4310 Fax (734) 712-4311

Restoration Vein Care - Sclerotherapy

Preparation for Injections

1. Do not shave, use bath oil, lotion, or tanning products on your legs the day of your injections.

2. Bring a pair of loose fitting shorts **and** your compression stockings with you on the day of your injections if required by your physician.

3. Wear loose fitting clothing and a comfortable pair of shoes. Some patients will be wearing their compression stockings home.

Compression Stockings

The need to wear compression stockings after your sclerotherapy session will be determined by your physician based on the size of the veins being treated. Wearing compression hosiery may be an important part of your therapy as it prevents blood from re-entering the injected veins. You may purchase compression stockings through our office. It is best to purchase the stockings before your first sclerotherapy appointment to practice putting your hose on to ensure they fit properly.

Our product line includes knee high and thigh high stockings. The price of our stockings ranges from $20.00-$50.00 depending on the style and level of compression.

Some insurance companies cover the cost of compression stockings. You may want to contact your insurance company to verify your policy. If your insurance does reimburse for compression stockings, you will need to purchase your stockings from a licensed durable medical equipment (DME) provider. Please let us know and we will give you a prescription and help you find a local DME retailer.

Feel free to contact our staff should you have additional questions or concerns.

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Restoration Vein Care - Sclerotherapy

After your Injections

Contact our office if you develop any redness, swelling or discomfort in any area ***other*** than your injection site.

If your physician prescribed compression stockings for you, do not remove your stockings for the first 48 hours after your treatment. This is an important part of your therapy as it prevents blood from re-entering the injected veins. After 48 hours, you may remove your stockings and any gauze pads that were placed over your injection sites. If you have sensitive skin, a shower or lukewarm bubble bath may be a convenient way to loosen the tape over the gauze pads. You should continue wearing your compression stockings for 5 more days post treatment during waking hours. This helps the vein walls adhere together to establish effective sclerotherapy.

It is normal for your injections sites to look worse before they look better. You can expect to experience bruising and discoloration at your injection sites. You can also expect hardness along the course of the veins that were treated. This will fade over a period of several weeks to months.

You will be able to maintain normal activities. Walk at least 10 minutes every 2 hours while awake – the more the better. Avoid strenuous physical activities such as high-impact aerobics, jogging, vigorous swimming or lower body weightlifting for 1 week.

Please feel free to contact our staff should you have additional questions or concerns.

AFTER HOURS:
If you have questions after your procedure during off-hours, you may call the office at 734.712.4310 and have the on-call physician paged to phone you.

For your convenience, Restoration Vein Care will call your insurance company to verify pre-determination for the procedures performed in our office. We will NOT inquire about financial information; co pays, deductibles, percentage covered etc... Ultimately, it is your responsibility to know your insurance coverage and benefit policy.

It is your responsibility to confirm any possible out-of-pocket cost with your insurance provider. The procedure codes and diagnosis codes are listed below. If you have any questions about financial coverage; co pays, deductibles, percentage covered, or benefit policy, please contact your insurance company directly.

Procedure Code: _____
Diagnosis Code: _____

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RESTORATION VEIN CARE

RESTORATION VEIN CARE, PLC

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice applies to all of the records of your care generated by the practice, whether made by the practice or an associated facility. This notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

We will routinely use your medical information inside our office for these purposes without any special permission:

Treatment. Our practice may use and disclose your medical information to treat you.

Payment. We may use and disclose your medical information in order to bill and collect payment for services.

Health care operations. Our practice may use and disclose your medical information to operate our business.

In addition, we may use or disclose your medical information for the following reasons:

Appointment reminders- Our practice may use and disclose your medical information to contact you and remind you of an appointment.

Treatment options and health-related benefits. To inform you of potential treatment options or services that may be of interest to you.

Disclosures required by law. Our practice may use and disclose your medical information when we are required to do so by federal, state, or local law.

Health oversight activities. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and similar proceedings. If you are involved in a lawsuit or similar proceeding, we may use and disclose your medical information in response to a court or administrative order or to defend the office.

Serious threat to health/safety. We may use or disclose your medical information when it is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Involvement in individual's care. We may disclose your medical information to a family member, close personal friend or other person identified by. Please list person(s) that RVC may disclose your medical information to: _____
_____

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Your rights include but are not limited to the following:

Confidential communications. You have the right to request that we communicate with you in certain ways. RVC will accommodate reasonable requests.

Inspection and copies of records. With limited exceptions, you may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. This request must be made in writing and you may be charged a fee for the costs of copying, mailing, and other costs incurred by us in complying with your request.

The right to request amendments to your information. You may request an amendment of protected health information about you as long as we maintain this information. Requests must be made in writing and must be directed to the office manager.

Disclosures. You have the right to a detailed list of all disclosures our practice has made of your medical records.

Paper copy or complaints. You have the right to a paper copy of this notice and the right to file a complaint with the office manager if you feel that your privacy rights have been violated at any time.

I have received a copy of Restoration Vein Care's Notice of Privacy Practices.

_____ _____

Signature Date