



Robert V. Kolbusz, M.D.

# BOTOX® Reimbursement Solutions

## PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION FOR INSURANCE, REIMBURSEMENT, AND COVERAGE ASSISTANCE

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

State and federal laws protect the confidentiality of your medical information. When you sign this form, you are giving your physician permission to release confidential medical information to BOTOX® reimbursement solutions, including Allergan, to review and assess your insurance, reimbursement, and coverage for BOTOX® and BOTOX® related procedures. You are also giving BOTOX® reimbursement solutions, including Allergan and its employees, permission to release confidential medical information to insurance companies that we contact on your behalf, for this purpose. Such information may include your name, age, sex, medical diagnosis, insurance identifiers, employers, or medical providers you identify.

Please sign this form after reading the statement below:

I, \_\_\_\_\_, authorize my physician to release confidential medical information, on my behalf to BOTOX® reimbursement solutions, including Allergan and its employees in order to evaluate my insurance, reimbursement, and coverage for BOTOX®. BOTOX® reimbursement solutions also may contact my employer and/or medical provider(s), specifically \_\_\_\_\_, to complete my request. I verify that I have provided my medical information voluntarily and that BOTOX® reimbursement solutions will not release this oral or written information without my consent. In addition, I understand that BOTOX® reimbursement solutions cannot guarantee that the third parties contacted will keep my information confidential. I also understand that the third parties BOTOX® reimbursement solutions contacts may reside in states other than my own and may have a different set of confidentiality laws to follow. This authorization will remain in effect until I no longer need assistance from BOTOX® reimbursement solutions or until I revoke the authorization by calling or writing BOTOX® reimbursement solutions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Phone: \_\_\_\_\_

Please fax the signed form to: 1-877-530-6680  
or return the signed form to:  
BOTOX® Reimbursement Solutions  
PO Box 1379  
San Bruno, CA 94066

If you have questions, please call:  
1-800-44-BOTOX (option 4)

## CONSENT TO RECEIVE BOTOX INJECTION

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

### **PURPOSE**

To correct facial wrinkles around the glabella, forehead, crows feet, and upper lip.

### **PROCEDURE**

Tiny injections into the muscles that cause wrinkles. Results are usually seen within 24-48 hours and last 4-6 months.

### **RISKS/DISCOMFORT**

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your physician to make sure you understand the risks, potential complications, and consequences of BOTOX injections.

**Allergic Reactions** – As with all biologic products, allergic and systemic life-threatening anaphylactic reactions may occur. Allergic reactions may require additional treatment. Systemic anaphylactic reactions require immediate medical care.

**Antibodies to BOTOX** – Presence of antibodies to BOTOX may reduce the effectiveness of this material in subsequent injections. The health significance of antibodies to BOTOX is unknown.

**Asymmetry** – The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to BOTOX injection.

**Bleeding** – It is possible, though unusual, to have a bleeding episode from a BOTOX injection. Bruising in soft tissues may occur. Serious bleeding around the eyeball during deeper BOTOX injections for crossed eyes (strabismus) has occurred. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for seven days before BOTOX injections, as this may contribute to a greater risk of a bleeding problem.

**Blindness** – Blindness is extremely rare after BOTOX injections. However, it can be caused by internal bleeding around the eyeball or needle stick injury. According to Allergan, the company that produces BOTOX, over a period of 10 years of BOTOX administration, complications of blurred vision, retinal vein occlusion, and glaucoma have been reported in three patients. The occurrence of eye problems appears to be very rare.

**Corneal Exposure Problems** – Some patients experience difficulties closing their eyelids after BOTOX injections and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments, protective eye drops, contact lenses, or surgery may be necessary.

**Damage to Deeper Structures** – Deeper structures such as nerves, blood vessels, and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

**Discomfort** – Discomfort associated with BOTOX injections is usually of a short duration.

**Double-Vision** – Double-vision may be produced if the BOTOX material migrates into the region of muscles that control movements of the eyeball.

**Drooping Eyelid (Ptosis)** – Muscles that raise the eyelid may be affected by BOTOX, should this material migrate downward from other injection areas.

**Drug Interactions** – The effect of BOTOX may be potentiated by aminoglycoside antibiotics or other drugs known to interfere with neuromuscular transmission.

**Dry Eye Problems** – Individuals who normally have dry eyes may be advised to use special caution in considering BOTOX injections around the eyelid region.

**Eyelid Ectropion** – Abnormal looseness of the lower eyelid can occur following BOTOX injection(s).

**Infection** – Infection is extremely rare after BOTOX injection. Should an infection occur, additional treatment, including antibiotics, may be necessary.

**Long-Term Effects** – Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to BOTOX injections. Future surgery or other treatments may be necessary. BOTOX injection does not arrest the aging process or produce permanent tightening of the eyelid region. Continuing treatments are necessary in order to maintain the effect of BOTOX over time.

**Migraine Headache and Other Medical Disorders** – BOTOX has been used to treat forehead muscle groups that are involved with the migraine headache condition. Patients are advised that results of off-label BOTOX treatment for migraine headaches and other medical disorders may be variable and improvement may not occur following BOTOX treatments.

**Migration of BOTOX** – BOTOX may migrate from its original injection site to other areas and produce temporary paralysis of other muscle groups or other unintended effects. BOTOX has been reported to cause swallowing problems in patients treated for spastic muscle disorders of the cervical region (cervical dystonia).

**Neuromuscular Disorders** – Patients with peripheral motor neuropathic disorders (amyotrophic lateral sclerosis, myasthenia gravis, and motor neuropathies) may be at greater risk of clinically significant side effects from BOTOX.

**Other Eye Disorders** – Functional and irritative disorders of eye structures may rarely occur following BOTOX injections.

**Pregnancy and Nursing Mothers** – Animal reproduction studies have not been performed to determine if BOTOX could produce fetal harm. It is not known if BOTOX can be excreted in human milk. It is not recommended that pregnant women or nursing mothers receive BOTOX treatments.

**Skin Disorders** – Local or systemic skin rash, itching, and swelling may rarely occur following BOTOX injection.

**Unknown Risks** – The long term effect of BOTOX on tissue is unknown. The risk and consequences of accidental intravascular injection of BOTOX is unknown and not predictable. There is a possibility additional risk factors may be discovered.

**Unsatisfactory Result** – There is the possibility of a poor or inadequate response from BOTOX injection(s). Additional BOTOX injections may be necessary. Surgical procedures or treatments may be needed to improve skin wrinkles including those caused by muscle activity.

**QUESTIONS**

A member of the Center for Dermatology & Skin Cancer staff has explained the purpose of this procedure, with possible complication, and the benefits to be reasonably expected compared with alternative approaches and your questions were answered. No guarantee has been given by anyone as to the results that may be obtained by this treatment. If you have any other questions about this procedure, you may call us at (630) 964-2000. This document is written confirmation of this discussion.

**CONSENT**

I have read the consent and certify that I understand its contents in full. You request the performance of the procedure(s) described above. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with Center for Dermatology & Skin Cancer staff. By signing this informed consent form, you hereby grant authority to perform BOTOX Injections.

I agree to have photographs taken for documentation.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center for Dermatology & Skin Cancer

\_\_\_\_\_  
Date

**COSMETIC PROCEDURE AGREEMENT**

As of 2/1/10

(this form also in patient handout book)

DATE: \_\_\_\_\_

PROCEDURE	SITE	PRICE
1064 (VASCULAR LASER VEINS-STARLUX)	PER 30 MINUTE SESSION	\$350
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	Eyes	\$150
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	FACE	\$350
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	NECK	\$250
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	BODY	\$500
ACNE EXTRACTIONS	FACE	\$50
ACNE EXTRACTIONS	BACK	\$100
BIOPSY & PATHOLOGY	PER LESION	\$150
BOTOX <b>OR</b> DYSPORT	GLABELLA	\$330
BOTOX <b>OR</b> DYSPORT	FOREHEAD	\$330
BOTOX <b>OR</b> DYSPORT	GLABELLA & FOREHEAD	\$660
BOTOX <b>OR</b> DYSPORT	CROWS FEET	\$250
CHEMICAL PEEL (alpha hydroxyl or salicylic acid)	FACE	\$50
CHEMICAL PEEL (alpha hydroxyl or salicylic acid)	BACK OR CHEST	\$125
CHEMICAL PEEL (trichloroacetic-medium peel)	FACE OR SCALP	\$750
BLUE LIGHT / CLEARLIGHT	PER SESSION FACE OR BACK	\$50
C02 LASER RESURFACING	UPPER EYELIDS	\$500
C02 LASER RESURFACING	LOWER EYELIDS	\$1,000
C02 LASER RESURFACING	UPPER & LOWER EYELIDS	\$1,250
C02 LASER RESURFACING	LIP IF DONE ALONE	\$750
C02 LASER RESURFACING	LIP IF DONE WITH EYELIDS	\$500
COSMETIC CONSULT (IF BOOKING A PROCEDURE THE \$50 GETS APPLIED TO THE PROCEDURE DAY OF PROCEDURE. HAIR CONSULT FREE.)		\$50
DYSPORT ( <b>SAME PRICES AS BOTOX ABOVE</b> )		
ERBIUM LASER	PER TREATMENT PER SITE	\$300
EXCIMER LASER	PER TREATMENT	\$150
EXCISION & PATHOLOGY	PER LESION DEPENDING ON SIZE & SITE	\$300-500
FILLERS (RESTYLANE, JUVEDERM, PERLANE)	1 vial	\$399
FRAXEL LASER	PER SESSION/EYES	\$200
	IF DONE W/ FULL FACE	\$100
FRAXEL LASER	PER SESSION/FACE	\$750
FRAXEL LASER	PER SESSION/NECK	\$300
FRAXEL LASER	PER SESSION/CHEST	\$750
FRAXEL LASER	PER SESSION/HANDS	\$250
GENTLEWAVES	PER SESSION PER SITE	10/\$200 or \$25 ea
GENTLEWAVES W/ REPLENIX	PER SESSION PER SITE	\$50
GENTLEWAVES W/ MICRODERM	PER SESSION PER SITE	\$95
IPL HAIR REMOVAL	SEE PRICE LIST	
IPL PHOTO REJUVENATION (face, arms, etc.)	PER SESSION PER SITE	\$200
IR (HAND PIECE LIKE THERMAGE-STARLUX)	BODY	\$500
IR (HAND PIECE LIKE THERMAGE-STARLUX)	FACE	\$350
IR (HAND PIECE LIKE THERMAGE-STARLUX)	NECK	\$150

JUVEDERM	1 VIAL	\$399
KTP (angiomas only)	PER 30 MINUTE SESSION	\$350
KTP (vascular laser face veins)	PER SESSION/FACE	\$200
KTP (vascular laser face veins)	PER SESSION/NOSE OR SPOT TREATING	\$150
LATISSE	PER PK (1 ML BOTTLE)	\$129
LUX V / ACNE	PER SESSION PER SITE	\$100
MICRODERMABRASION	PER SESSION/FACE	\$75
MICRODERMABRASION	PER SESSION/BACK OR CHEST	\$125
RESTYLANE	1 VIAL	\$399
REVAGE HAIR SOLUTIONS	45 TREATMENTS <i>IF PAID IN FULL</i>	\$3,800
REVAGE HAIR SOLUTIONS	<i>IF PAID IN INSTALLMENTS</i>	\$4,000
SKIN TAGS	PER AREA	\$125
SPIDER VEIN INJECTION	PER SESSION/PER LEG	\$300
SUPER PEEL (MICRODERM W/ PEEL)	PER SESSION	\$120
TATOO REMOVAL (Q YAG)	PER SESSION DEPENDING ON SIZE	\$150-350
TATOO REMOVAL CONSULTATION BY DOCTOR		\$90
THERMAGE	FULL FACE (600 pulses)	\$999
THERMAGE (EYES)	EYES, PERI, FOREHEAD EYES IF DONE W/ FULL FACE	\$999 \$399
THERMAGE (NECK)	NECK	\$799
THERMAGE (LIPS)	LIPS	\$499
THERMAGE (HANDS)	HANDS	\$799
THERMAGE (BODY)	<i>SEPARATE LIST</i> (to be determined) ~	\$1,699
WARTS C02 LASER	PER SESSION. (NEED TO SEE PATIENT. DEPENDS ON SITE. LOCATION & NO. OF WARTS.)	\$250- 500

### IPL HAIR REMOVAL PRICES PER PROCEDURE:

SCALP	\$200	NECK (fwd of ear)	\$150	ABDOMEN	\$150
BEARD FULL (face & neck)	\$250	NECK (back of ear)	\$150	FLANK	\$150
FOREHEAD	\$100	FEET	\$100	CHEST	\$200
NOSE	\$75	HANDS	\$100	BREAST	\$125
EARS	\$100	BIKINI FULL	\$200	BACK FULL	\$300
GLABELLA	\$50	BIKINI MINI	\$125	BACK HALF	\$175
LIP UPPER	\$100	UNDERARMS	\$100	BUTTOCKS	\$150
CHIN	\$100	SHOULDERS	\$125	THIGHS	\$200
SIDEBURN	\$100	FOREARMS	\$150	LEGS KNEE & ABOVE	\$200
CHIN/SIDEBURN	\$150	ENTIRE ARMS	\$250	LEGS KNEE & BELOW	\$200

***\*Above prices subject to change.***

**PERSONAL CHECKS UP TO \$200.00 ARE ACCEPTED FOR COSMETIC PROCEDURES. FOR COSMETIC PROCEDURES OVER \$200.00 CASH, CREDIT OR DEBIT CARD (MUST COME IN TO SIGN FOR OR FAX CREDIT CARD AUTHORIZATION APPROVAL), CERTIFIED CHECK OR MONEY ORDER ARE ACCEPTED FOR PAYMENT.**

I agree to pay the above fee schedule prior to any procedure I receive.

***If this Agreement is pertaining to a Fraxel, Thermage or LUX1540 Procedure I certify that I have read the Fraxel/Thermage Agreement and understand that a down payment of \$500.00 (or \$\_\_\_\_\_ if not a full face procedure) or if LUX 1540 payment in full is due at this time in full and is non-refundable. If an appointment date needs to be rescheduled for said procedure you must call and reschedule 10 days prior to your original appointment or your deposit will be forfeited.***

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
PATIENT OR GUARDIAN SIGNATURE