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## MOUNTAIN STATE DERMATOLOGY

### Spider Vein Treatment Consent Form

Sclerotherapy of spider veins using hypertonic saline is an extremely effective way to improve the appearance of the legs. Spider vein treatments usually require two to five sessions, although some patients require more treatments. A very few amount of people do not respond to sclerotherapy at all and there is no guarantee that any improvement will occur. This procedure is considered cosmetic and is not covered by insurance plans. The first visit for a vein treatment is considered a consultation and at that time a "test area" of spider veins will be done to make sure that this treatment will be effective and tolerable. Subsequent treatments consist of sessions of 15 minutes. Depending on the severity of you veins, 15 minutes may not be enough time to treat all of your veins. If so, the remainder of the veins will be treated a later appointments. The cost for sclerotherapy is \$250.00 per session. The cost for the consultation is \$65.00. Payment for sclerotherapy of the spider veins is due at the time of service and must be paid in full prior to the treatment. We do not bill any insurance companies for the consultation visit or for the sclerotherapy treatment. If you submit a claim and your insurance pays, please note that we do not accept insurance company adjustments for this procedure. If you have any further questions on vein treatment, please do not hesitate to ask our staff.

Thank you.

### Notice of Payment Responsibility for Sclerotherapy

Due to insurance company medical review changes we will no longer bill your insurance company for the treatment of your spider veins. However, we will provide an insurance statement to you upon request and you may submit the claim personally. If you have any questions about this please ask our staff.

I have read the above notice and understand that the treatment of spider veins is a cosmetic procedure. I agree to be personally responsible for payment in full.

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