Beverly Hills™
FACIAL PLASTIC SURGERY CENTER

Kimberly J. Lee, M.D.
416 North Bedford Drive, Suite 204
Beverly Hills, CA 90210
310-882-5656

Patient Registration Form

Name (First, Last, Init.)		Date of Birth	Age	Sex M F
Address	City	State	Zip	
Home Phone #	Cellular Phone #	Phone # where we may leave information regarding my medical condition and lab/imaging results: [ ] Home [ ] Cell [ ] Other: Initial:		
Social Security #	Driver's License#	Email Address [ ] I give permission to Dr. Lee and her staff to contact me via email. Initial		
Occupation	Employer	Work Phone #		
Name of Spouse or Parent (for Children)		Spouse's Phone #		
Emergency Contact Name		Phone #		
Primary Insurance Holder's Info	Name	Date of Birth	Social Security #	
Referred by		Phone #		
Primary Physician		Phone #		
Dermatologist		Phone #		
Have you visited Dr. Lee's web site?	Yes ☐ No ☐			

Financial Policy

Dear Patient,

Thank you for choosing us as your health care provider. We are committed to provide you with the best medical care service. The following information is intended to prevent uncertainties in regards to our financial policy. Our practice firmly believes that a good doctor-patient relationship is based upon understanding and good communications.

Insurance

Dr. Kimberly Lee, M.D. is an out of network provider for all major insurance companies. As a courtesy, our practice will review your insurance coverage, estimate your insurance company payment, review your insurance form, and file your claim with your insurance carrier. You will be responsible for any portion of your bill which is denied or not paid by your insurance carrier. Your insurance coverage is a contract between you and your insurance carrier. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier. We feel it is necessary to work together to resolve any insurance problem.

Deductible

Your deductible will be verified at the time of service and if you have not met your deductible you are required to pay at the time of service. All Medicare patients have a yearly deductible of $100. Payment for services with qualify toward the yearly deductible begin January 1 and conclude December 31 of each year. For example, if your yearly deductible is $200, you must first pay the initial $200 to satisfy your deductible. The discount you receive from your insurance company will be calculated when we receive the explanation of benefits for your service and any adjustments will be made at the time.

Co-Payment: All co-payments must be paid at time of service.

Method of Payment: Please let us know what method of payment you will be using: CASH OR CREDIT CARD **NO REFUNDS.**

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS: I hereby authorize Kimberly Lee M.D. to furnish information to insurance carriers concerning this illness and the treatments I receive, and I hereby irrevocably assign to the doctors all payments for medical services rendered. I understand that I am financially responsible for all charges not covered by my insurance benefits. I also authorize that photographic copy of this authorization is as if such copy were original. I also authorize the doctor to file a formal written complaint with the insurance commissioner if my insurance fails to pay or deny a claim within 30 days.

I have read, understood and agree to the provisions of this form.

Patient Signature _____ Date _____

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Name	Age	Do you have any Allergies? Medicines: Environmental/Food:

Past Medical History

-Please check the boxes to indicate whether you have any of the following: Explain.

- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Diabetes
- ☐ Respiratory Problems
- ☐ Stomach or intestinal Problems
- ☐ Kidney Disorders
- ☐ Thyroid Problems
- ☐ Neurological Problems
- ☐ Tumors or Cancer
- ☐ Other Medical Problems

-Please list all previous operations including dates

Medications

-Please list all medications

Social History

-Please check the boxes to indicate whether you have had any of the following:

- ☐ Have you ever been a smoker? How many cigarettes per day? _____ When did you quit?_____
- ☐ Do you drink alcohol?
- ☐ Any history of drug use?

What is your occupation?

What is your marital status?

Family History

-Please check the boxes to indicate whether your relatives have any of the following:

- ☐ Hearing Problems
- ☐ Allergies/ Hay Fever
- ☐ Thyroid Problems
- ☐ Diabetes
- ☐ Respiratory Problems
- ☐ Heart Problems
- ☐ Cancer
- ☐ Bleeding Disorders
- ☐ Anesthesia Complications
- ☐ Other Medical Problems

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Medical History Questionnaire

Review of Systems

General			
❑	Weight Loss or Gain	❑	Night Sweats
❑	Fatigue	❑	Poor Appetite
Eyes			
❑	Eye Pain	❑	Double Vision
❑	Watery or Itchy Eyes	❑	Sudden Vision Change
ENT			
❑	Hearing Loss	❑	Ear Noises
❑	Dizziness	❑	Ear Pain
❑	Nasal Congestion	❑	Sinus Pressure or Pain
❑	Problems with the Sense of Smell	❑	Nosebleed
❑	Snoring	❑	Daytime Sleepiness
❑	Hoarseness	❑	Throat Clearing
❑	Difficulty Swallowing	❑	Throat Pain
Allergy			
❑	Sneezing	❑	Post Nasal Drip
❑	Previous Allergy Testing	❑	Lip or Tongue Swelling
If yes what were the results?			
Respiratory			
❑	Cough	❑	Coughing Blood
❑	Shortness of Breath	❑	Wheezing
Cardiac			
❑	Chest Pain	❑	Palpitation
Gentio-Urinary			
❑	Frequent Urination	❑	Pain with Urination
☑	Blood in Urine	❑	Incontinence
Musculo-Skeletal			
❑	Joint Ache	❑	Muscle Pain
❑	Bone Pain	❑	Muscle Spasms
❑	Hammer Toes	❑	Foot Ulcers
❑	Bunions	❑	Foot Pain
Heme-Lymphatics			
❑	Swollen glands	❑	Frequent Infections
❑	Bleeding Problems	❑	Easy Bruising
Endocrine			
❑	Feeling warm at all times	❑	Feeling cold at all times
Skin			
❑	Rash	❑	Hives
❑	Itching	❑	Skin or Hair Changes
Neuro-Psych			
❑	Depression	❑	Mood Swings
❑	Headache	❑	Seizures
❑	Numbness	❑	Weakness

Patient Signature _____ Date _____

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What are your main concerns?

Surgical Options

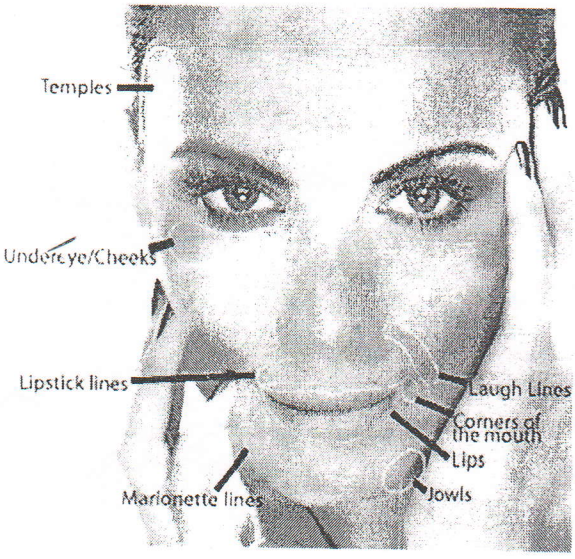
- Facelift for facial rejuvenation
- Upper/Lower Eyelid Lift: Refreshen tired eyes
- Ethnic/Asian Blepharoplasty
- Revision Blepharoplasty
- Rhinoplasty/Nose Surgery
- Ethnic/Asian Rhinoplasty
- Revision Rhinoplasty
- Functional Rhinoplasty – difficulty breathing
- Endoscopic Browlift for sagging brows
- Midfacelift (Cheeklift)
- Buccal Fat Removal: Slim the face
- Fat Grafting for permanent volume restoration
- Necklift
- Submental Liposuction for double chin
- Upper Lip Lift - show more teeth with smiling
- Lip Implant for lip fullness (more permanent)
- Dimple Creation
- Stretched/Torn Earlobe Repair
- Otoplasty / Ear Pinning
- Mole/Lesion Removal
- Scar Revision
- Chin/Cheek Augmentation
- Facial Paralysis
- Hair Transplant

Skin Care

- Anti-Aging Skin Care Advice
- Customized Skin Care
- (Chemical Free) Sunscreen Advice
- Chemical Peels
- Brown Spots/Age Spots
- New Facial Lesion/Mass
- Acne/Acne Scarring
- Facials
- Microdermabrasion
- Skin Stamping to infuse hyaluronic acid & stimulate collagen production
- Laser Hair Removal
- Laser Skin Resurfacing
  - Fractionated Laser (aka Fraxel)
  - IPL Laser / Photofacial

Non-Surgical Options

- BOTOX/DYSPORT for facial lines that are formed with frowning/smiling
- Liquid Facelift for rejuvenating aging faces
- Dermal Fillers for deep wrinkles/folds (see diagram)
  - Juvederm
  - Restylane
  - Perlane
  - Radiesse
  - Sculptra – gradual results that stimulate your own collagen and is long lasting
- Lip Augmentation for lip fullness (temporary)



If you would not like us to sign you up for the Aspire or Brilliant Distinctions Rewards Program, please check here: [ ]

Beverly Hills Facial Plastic Surgery Center

Cancellation Policy/ No Show Policy For Doctor Appointments

1. Cancellation/ No Show Policy for Doctor Appointments

   We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you are preventing another patient from being able to see Dr. Lee at that time. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. **If an appointment is not cancelled at least 24 hours in advance you will be charged a one hundred dollar ($100.00) fee; this will not be covered by your insurance company.**

2. Scheduled Appointments/ Late Policy

   We understand that delays can happen, however, we must try to keep the other patients on time for Dr. Lee. **If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.**

3. Multiple Missed, Late, or Rescheduled Appointments Policy

   Habitually missing or changing appointments is grounds for dismissal from the practice. This applies to surgeon appointments, consultations, skin care appointments, routine touch-up appointments, etc.

- *As a courtesy, we attempt to remind our patients by phone of their scheduled appointments. However, it is the patient's responsibility to keep his/her appointments whether or not a reminder call is received.*

I certify that I am the patient or that I am financially responsible for the services rendered and do hereby unconditionally guarantee the payment of all amounts when and as due. A photo static copy of this agreement shall be considered effective and valid as original.

DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND ITS CONTENTS.

MY SIGNATURE BELOW INDICATES I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS STATED IN THIS FINANCIAL AGREEMENT/ CANCELLATION POLICY.

Patient Name _____ Signature _____ Date _____

Witness _____ Signature _____ Date _____

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Photographic/Video Release And Consent

Beverly Hills Facial Plastic Surgery Center
Kimberly J. Lee, M.D.

I understand and accept that I may be recognized from my likeness or case history. Nevertheless, I authorize my surgeon to use my **photographs, videotapes and case information** in **educational and scientific settings** including lectures and multi-media presentations for an audience of medical professionals, at which members of the press may be present, and medical, surgical and scientific journal articles.

Neither I, nor any member of my family will be identified by name in any publication. I understand that in some circumstances the photographs may portray features, which shall make my identity recognizable.

I agree to the use of my photographs, videotapes and case information in the following **commercial/ educational settings**: my surgeon's office patient education materials, my surgeon's file of pre- and postoperative patient photographs available to prospective patients for viewing in the office, newspaper and magazine articles in which my surgeon participates, television programs in which my surgeon participates; my surgeon's personal web site or web page, social media, and lectures and multi-media presentations given by my surgeon for the general public.

I release and discharge Dr. Kimberly Lee, M.D. and all parties acting under their license and authority from all rights that I may have in the photographs or videos and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of the photographs.

I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above authorization and release and fully understand its terms.

Date	Date
Patient signature	Witness/Physician signature
Print name	Print name

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Agreement as to Resolution of Concerns

"I", "Patient/Guardian" shall be understood to mean _____
"Physician" shall be understood to mean Dr. Kimberly Lee

Further, I understand that I am entering into a contractual relationship with Physician for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care, and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by Physician, I, the patient/guardian and/or my representative agree not to advance, directly or indirectly, any false, meritless, and /or frivolous claim(s) of medical malpractice against Physician.

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I (the patient) and /or my representative agree to use American Board Specialties ("ABMS") board-certified expert medical witness(es) in the same specialty as Physician. Furthermore, I agree that these expert witnesses will adhere to the guidelines and/or code of conduct defined for expert witnesses by the:

American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Otolaryngology-Head and Neck and American Medical Association.

In further consideration for this, Physician agrees to the same stipulations.

_____ Physician

_____ Patient/Guardian

_____ Effective from Date of Treatment

_____ Date of Signature

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By signing this agreement, we are agreeing that any dispute arising out of the medical services you receive is to be resolved in binding arbitration rather than in a court. Lawsuits are something that no one anticipates and everyone hopes to avoid. We believe that the method of resolving disputes by arbitration is one of the fairest systems for both patients and physicians. Arbitration agreements between health care providers and their patients have long been recognized and approved by the California courts.

By signing this agreement you are changing the place where your claim will be presented. You still can call witnesses and present evidence. Each party selects an arbitrator (party arbitrators), who then select a third, neutral arbitrator. These three arbitrators hear the case. This agreement generally helps to limit the legal costs for both patients and physicians. This is because the time to conduct an arbitration hearing is far less than a jury trial. Further, both parties are spared some of the rigors of trial and the publicity, which may accompany judicial proceedings.

Our goal, of course, is to provide medical care in such a way as to avoid any such dispute. We know that most problems begin with communication. Therefore if you have any questions about your care, please ask us.

_____ _____

Patient Signature Date

_____

Printed Name

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A Message To My Patients About Arbitration

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