

## “CONTACT US / ONLINE” FORM INSTRUCTIONS

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1. To make it easier for our staff to best assist you and before we are able to answer questions and/or reserve an appt, this “Contact Us / Online Form” must be completed and received.
2. Complete form
3. Return form by one of the following methods:
  - a. Email to [INFO@DrMinsueChen.com](mailto:INFO@DrMinsueChen.com)
  - b. Fax to (888)-381-4541
  - c. Text screenshots of all 6 pages to (832)-356-3872
4. Many Thanks & Have a HAPPY Day!  
Dr Chen & Staff



## CONTACT US / ONLINE FORM

*No credit card/ deposit required to book appointment*

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### YOUR DETAILS \*

\* INDICATES REQUIRED FIELD

### HOW DID YOU LEARN ABOUT DR CHEN? \*

- Google Search
- Facebook
- Referred by Family / Friend
- Referred by Health Care Provider
- Insurance Website
- Other (describe) \_\_\_\_\_

### PATIENT TITLE \*

- Mr
- Mrs
- Ms
- Miss
- Dr

FIRST NAME\* \_\_\_\_\_

LAST NAME\* \_\_\_\_\_

NICK NAME\* \_\_\_\_\_

DATE OF BIRTH (MM-DD-YYYY) \* \_\_\_\_\_

CELL PHONE NUMBER \* \_\_\_\_\_

EMAIL \* \_\_\_\_\_

ADDRESS \* \_\_\_\_\_

CITY \* \_\_\_\_\_

STATE \* \_\_\_\_\_

ZIP CODE \* \_\_\_\_\_

CHEN SKIN AND CANCER SURGERY

7777 SW FW, STE 748 – MP ONE, HOUSTON, TX 77074

[WWW.DRMINSUECHEN.COM](http://WWW.DRMINSUECHEN.COM) // 832-356-3872 // FAX 888-381-4541 // [INFO@DRMINSUECHEN.COM](mailto:INFO@DRMINSUECHEN.COM)

**APPOINTMENT PREFERENCE & REASON \*****HOW SOON DO YOU NEED AN APPOINTMENT? \***

- . First Available , URGENT/ EMERGENT
- . Today
- . This Week
- . Next Week
- . Next Month
- . Other (describe below; fees may apply)

**PREFERRED DAY (CHECK ALL THAT APPLY) \***

- . Monday
- . Tuesday
- . Wednesday
- . Thursday
- . Friday
- . Other (describe below; fees may apply)

**PREFERRED TIME (CHECK ALL THAT APPLY) \***

- . No Preference
- . 645am - 8am
- . 745am - 11am
- . 1045am - 2pm
- . Surgery Block (TBD based on availability)
- . Other (describe below; fees may apply)

**APPOINTMENT TYPE (SELECT ONE) \***

- . In-office Consult Appointment
- . Same-day Surgery & Consult Appointment
- . Other (describe below; fees may apply)

**HOW CAN DR CHEN HELP YOU? \*** \_\_\_\_\_

## PHOTOS & FILES (OPTIONAL)

Please upload pictures of your problem areas

Text 832-356-3872 or email [INFO@DrMinsueChen.com](mailto:INFO@DrMinsueChen.com)

Facing a window with abundance of natural light works best.

### PHOTOS TO UPLOAD

- BODY AREA PHOTO -- FROM ABOUT 12 INCHES AWAY
- CLOSE-UP PHOTO -- AS CLOSE AS POSSIBLE WHILE REMAINING IN FOCUS

## **INSURANCE \***

To maximize and enjoy your insurance benefits, kindly reach out to your employer's benefit manager or insurance.

Dr Chen is able to participate in the care of patients with any insurance except Medicaid (except for Medicare, this office has elected to discontinue contracts with all commercial medical insurances and will no longer be considered an in network physician effective July 1, 2019).

After your visit, our office can prepare documents for patients to submit to the insurance to apply to deductible, out of pocket max, and for reimbursement if eligible for out of network services.

Because we do not submit claims to the commercial non-Medicare insurance carriers, our patients are responsible for paying their full balance at the time of service.

We accept cash, and credit card payments (no AMEX, no check).

### **ARE YOU SIGNED UP WITH MEDICARE? \***

- Yes
- No

## TERMS OF USE & OFFICE POLICIES \*

Kindly review Chen Skin & Cancer Surgery, PA, Terms of Use and Office Policies for each checkbox, as well as, all subtabs under Patient Resources. Please also review Notice of Accessibility, Notice of Privacy Practices, Notice of Services Agreement, Covid 19 Pandemic Disclosure and Consent, Services Agreement / Office Policies Signature Page, Medical Care and Surgical Procedure Disclosure and Consent, Advance Beneficiary Notice of Noncoverage, Evisit/ Telehealth Disclosure and Consent, Good Faith Estimate, Notice, and Disclaimers, Social Media Policy.

**INITIAL** \_\_\_\_\_ \* I PLEDGE THAT I WILL COMPLY WITH DR CHEN'S "NO JERKS ALLOWED" RULE. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* I PLEDGE THAT I WILL DO MY BEST TO BE A "GOOD PATIENT" AND COMPLY WITH DR CHEN'S MEDICAL ADVICE. I UNDERSTAND THAT RESULTS MAY VARY AND ARE NOT GUARANTEED. I AGREE TO HOLD CHEN SKIN AND CANCER SURGERY PA HARMLESS. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* I PROMISE TO ARRIVE ON-TIME FOR MY APPOINTMENT, AND WITH ANY PREVIOUS RECORDS FORWARDED TO THE OFFICE OR IN-HAND, AS WELL AS, ARRIVE TO MY APPOINTMENT WITH INSURANCE CARD, METHOD OF PAYMENT, AND PHOTO ID. I UNDERSTAND AND AGREE THAT PATIENTS WHO NO SHOW, CANCEL/ RESCHEDULE WITHIN 48 HOURS OF APPOINTMENT TIME WILL BE SUBJECT TO A \$150 OFFICE/ \$500 SURGERY / \$2500 COMPLEX SURGERY VISIT MISSED APPT FEE. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UNDERSTAND MY INSURANCE BENEFITS, COPAYS, DEDUCTIBLES, OUT OF POCKET MAX, IN NETWORK AND OUT OF NETWORK BENEFITS AND ELIGIBILITY. I UNDERSTAND THAT CHEN SKIN AND CANCER SURGERY, PA, DOES NOT PARTICIPATE WITH ANY FORM OF COMMERCIAL INSURANCE, EXCEPT MEDICARE, AND DOES NOT GUARANTEE REIMBURSEMENT OF OUT OF POCKET EXPENSES. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* I ACKNOWLEDGE THAT I AM FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED AT AND BY CHEN SKIN AND CANCER SURGERY, PA. FAILURE TO RESOLVE ACCOUNTS MAY RESULT IN MY ACCOUNT SENT TO COLLECTIONS WITH ADVERSE EFFECT ON MY CREDIT RATING, LEGAL ACTION FOR THEFT OF SERVICES, AND/OR TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* I HAVE REVIEWED AND ACCEPT THE CHEN SKIN AND CANCER SURGERY, PA, TERMS OF USE, NOTICES, AND OFFICE POLICIES: (1) NOTICE OF ACCESSIBILITY; (2) NOTICE OF PRIVACY PRACTICES; (3) NOTICE OF SERVICES AGREEMENT; (4) FORMS, FEES, FAQs AND FOOTER HYPERLINKS (INCLUDING BUT NOT LIMITED TO COVID 19 PANDEMIC DISCLOSURE AND CONSENT, SERVICES AGREEMENT / OFFICE POLICIES SIGNATURE PAGE, MEDICAL CARE AND SURGICAL PROCEDURE DISCLOSURE AND CONSENT, ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE, EVISIT/ TELEHEALTH DISCLOSURE AND CONSENT, GOOD FAITH ESTIMATE, NOTICE, AND DISCLAIMERS) ; (5) CONTENT THAT IS SUBJECT TO CHANGE WITHOUT NOTICE ON WWW. DRMINSUECHEN.COM. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* I AGREE TO ABIDE BY CHEN SKIN AND CANCER SURGERY, PA MEDIA POLICY. I UNDERSTAND THAT CHEN SKIN AND CANCER SURGERY, PA WILL CLAIM OWNERSHIP OF ANY ANONYMOUS REVIEW AND DEMAND SUCH REVIEW, INCLUDING BUT NOT LIMITED TO ONLINE, DIGITAL, PRINT REVIEWS, THEN BE REMOVED. I ACKNOWLEDGE THAT I WILL NOT ENGAGE IN LIBEL, SLANDER, ATTEMPTS TO NEGATIVELY INFLUENCE THE REPUTATION OF CHEN SKIN AND CANCER SURGERY, PA. I AGREE THAT IN THE EVENT I FAIL TO FOLLOW THESE POLICIES, I AM FULLY RESPONSIBLE FOR CHEN SKIN AND CANCER SURGERY, PA TO EQUITABLE RELIEF AND IMMEDIATE REMOVAL AND CORRECTIONS AT MY EXPENSE, AS WELL AS SUBJECT TO LEGAL ACTION AND/OR TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* I CONFIRM THAT I WILL BE PHYSICALLY IN THE STATE OF TEXAS WHEN THIS APPOINTMENT TAKES PLACE. I UNDERSTAND THAT DR CHEN IS UNABLE TO SEND MEDICATIONS TO PHARMACIES OUTSIDE OF THE STATE OF TEXAS. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*

**INITIAL** \_\_\_\_\_ \* BY SUBMITTING THIS FORM, THE PATIENT PROVIDE THE PATIENT'S SIGNATURE AUTHORIZING CONTACT FROM THE OFFICE WITH THE CONTACT INFORMATION PROVIDED IN THIS FORM AND/OR ANY OTHER CORRESPONDENCE. FOR THE PATIENT'S CONVENIENCE, THERE ARE SEVERAL METHODS TO COMMUNICATE WITH THE OFFICE, INCLUDING BUT NOT LIMITED TO: TEXTING, PHONE, WEBSITE, EMAIL, WRITTEN, FAX, IN-PERSON, AND/OR TELECOMMUNICATION PLATFORMS SUCH AS FACEBOOK MESSENGER, FACETIME, SKYPE, GOOGLE HANGOUT, GOOGLE VOICE, G-SUITE APPLICATIONS, DOXIMITY, ETC. THE PATIENT IS AWARE THAT IT IS COMMON KNOWLEDGE THAT ANY COMMUNICATION METHOD IS NOT NECESSARILY SECURE, PRIVATE, AND/OR ENCRYPTED. BY USING AND CONTINUING TO USE ANY COMMUNICATION METHOD WITH THE OFFICE, THE PATIENT ASSUME THE RISK OF HACKING AND UNAUTHORIZED USE, AS WELL AS, HEREBY AGREES TO HOLD CHEN SKIN AND CANCER SURGERY, PA, PROVIDERS AND AFFILIATES HARMLESS FROM ANY HACKING AND/OR UNAUTHORIZED USE OF THE DETAILS AND/OR CONTENT OF COMMUNICATION WITH THE OFFICE. THE PATIENT IS ALSO AWARE THAT IN-PERSON CORRESPONDENCE FOR THE MOST SECURE COMMUNICATION. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND TERMINATION FROM CHEN SKIN AND CANCER SURGERY, PA. \*