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S.Scott Tapper M.D., FACS, Board Certified Vascular Surgeon
Robyn Hicks RN, BSN CE; Sclerotherapy Spider Veins & Laser Hair Removal

Appointment Date: _____ / _____ / _____ Time: _____ AM/PM.

Thank you for choosing Symmetry Laser Vein Center for a consultation about your veins.

Enclosed please find a Venous Medical History & Patient Information form for your completion, please bring these forms to your appointment.

We do participate with some of the major health insurance companies; co payments, deductibles & patient responsibility as directed by your plan will be collected at time of service. We suggest you call your insurance company for your benefits and policy requirements. Please understand that we are not responsible for the insurance claim processing, our office calls your insurance company to verify your coverage, and we are given a general overview and are expected to estimate your portion due. It is the patients' responsibility to be aware of their coverage and out of pocket expenses. So we ask for your cooperation when asked for payment. You are also responsible for obtaining the required referrals or documentation from your Primary Care Physician.

All services will be electronically submitted to your insurance company for you, unless you request otherwise, please note: insurance plans do not cover treatment for compression hose, supplements, spider veins & cosmetic treatments, payment for these services are collected at your appointment.

**We accept all major credit cards, debit cards, checks and cash.
Please wear or bring shorts to your appointment**

Under Florida law, physicians are generally required to carry malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law. Florida Statutes Section 458.320 (5) (6) (4).

If you have any questions regarding your appointment or our services please call our office and our staff will gladly answer any questions you may have. If you are unable to keep your appointment please call 48 hours in advance so that we may offer the time to another patient.

Thank you, we look forward to treating you at Symmetry Laser Vein Center.

**Nancy Milano
Office Manager**

Please visit our web site at www.symmetrylaservein.com