CARDIOVASCULAR INSTITUTE
of Scottsdale

Procedure Authorization
Assignment of Benefits and Agreement to Pay

I understand that by signing this agreement, I am authorizing the provision of therapy for varicose veins while under the care of my attending physician, Dr. Nassim Haddad and his associates.

I authorize direct payment of any insurance benefits for treatment to be made directly to my physician, his/her billing agent, or to any provider of these services. I also authorize my insurance company to furnish the physician with any and all information pertaining to my insurance benefits and status of claims submitted for therapy rendered.

I acknowledge that every effort will be made to have my insurance pay for this treatment. In the event that my insurance will not cover this procedure, I agree to be responsible for the full amount of the charges or any remaining balances due after the insurance has paid.

I consent to the release of my medical information to the insurance company for use in determining payment for Radiofrequency Ablation Therapy, Phlebectomy, and/or Foam Sclerotherapy (Varithena). The consent shall be valid for whatever period of time is reasonable, necessary, or until I revoke this consent in writing.

I understand that the doctor, technician, and medical supplies are reserved and prepared for this procedure. In the event I need to cancel or reschedule my procedure, I will notify the office at least 24 hours in advance.

The undersigned certifies the following: that the foregoing text has been read, a copy thereof has been received, and that the undersigned is the patient or a duly authorized representative of the patient as such, and is responsible to execute the above and accept its terms.

________________________	__________________________	________________
Print Name	Patient Signature	Date

10117 N. 92nd Street, Suite 103
Scottsdale, AZ 85258
Phone: (480) 747-6532 | Fax: (480) 889-6865

CardioVascular Institute of Scottsdale

Patient Informed Consent for the Treatment of Varicose Veins

I authorize Dr. Nassim Haddad, his associates, and technicians, to perform the following procedure(s): Radiofrequency (RF) Ablation (Venefit®) Closure, Ambulatory Phlebectomy, VenaSeal closure, Varithena and/or Foam Sclerotherapy of my incompetent vein(s). I understand that the reason for these types of treatments is to correct my venous insufficiency caused by the reflux, or backward flow, of blood down my leg.

I understand that the physician, using ultrasound for guidance, may direct a catheter and subsequently radiofrequency energy, into the damaged vein from a point distal to the groin up towards the groin area. I understand that once the catheter is positioned and anesthetic is injected around the vein, that he will activate the radiofrequency energy and pull all of the components down the inside of the vein, closing the vein with heat energy. I also understand that the physician may inject small amounts of a drug solution into my vein(s), using a syringe and needle.

I understand there are alternatives to these procedures, and they have been explained to me. The alternatives include but not limited to: Long term compression stocking therapy, surgical Stripping and Ligation. Despite these alternatives, I consent to the treatment recommended to me by Dr. Nassim Haddad, understanding that there are risks with any invasive procedure.

- **These risks have been thoroughly explained to me, and include but are not limited to:** infection, bleeding, scarring, allergic reaction to medications, nerve injury (paresthesia), clot in the deep vein (DVT-Deep Venous Thrombosis), superficial phlebitis (inflammation of the vein) on or near the surface of the skin, thermal injury (burn) pigmentation on the skin over the vein area, localized discoloration of the skin which may be permanent, pedal edema (swelling of the legs and/or feet), skin irritation and redness, skin breakdown and ulceration, regrowth of vessels adjacent to the vessels being treated, stroke, cardiac arrest and death.
- While stroke is a rare complication, it is a higher risk for patients with a septal defect and/or a cardiac shunt (Patent Foramen Ovale, also known as a PFO).
- Allergic reactions to drug solutions used during the procedure(s) is/are a possibility and may cause anaphylactic shock (which requires emergency medical attention), cardiac arrest and death.

Drugs used for ultrasound guided foam sclerotherapy include Polidocanol, Sotradecol or Varithena.

Patient's initials_________

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Patient Informed Consent for the Treatment of Varicose Veins Continued

I understand that there are also some common side-effects, which include but are not limited to: bruising, pain or a tightening sensation in the thigh, leg and ankle swelling, palpable lumps and/or hematomas (bleeding) that may need aspiration to relieve.

I also understand that despite the high clinical efficacy of these procedures, my physician cannot make any guarantees about my results, or cure, of my venous disorder.

Consent: These issues have been reviewed with me, and I have read and fully understand this consent form. I also understand that I have been directed not to sign this form unless all of my questions have been answered and explained to my satisfaction. By signing, I acknowledge that I have no further questions and consent to proceed with the procedure(s) listed above.

I also acknowledge that insurance payments may not cover the procedure(s), regardless of whether a prior authorization was obtained, and I agree to pay any non-covered charges for this treatment.

________________________	___________________________	______________
Print Name	Patient Signature	Date

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No Show/Non Compliance Policy Terms and Agreement for Radiofrequency (RF) Ablation (VNUS®) Closure, Ambulatory Phlebectomy, and/or Foam Sclerotherapy

Due to the high cost of medical supplies, which is ordered in advance and pre-paid by our office, **you will be charged a $600.00 fee if you no show for your scheduled appointment** for Radiofrequency (RF) Ablation (VNUS®) Closure, Ambulatory Phlebectomy, and/or Foam Sclerotherapy**, or, if you are noncompliant in following the preparation instructions**, which includes arriving to your appointment without your prescribed compression hose or consuming caffeine the morning of the procedure.

Due to the coordination of our doctor and technician's schedule, Radiofrequency (RF) Ablation (VNUS®) Closure, Ambulatory Phlebectomy, and/or Foam Sclerotherapy will only be scheduled during certain days and times that have already been blocked on our schedule. No exceptions.

Radiofrequency (RF) Ablation (VNUS®) Closure, Ambulatory Phlebectomy, and Foam Sclerotherapy are elective procedures and will only be scheduled after Dr. Haddad has deemed this course of treatment as being medically necessary for your incompetent vein(s). Dr. Haddad and/or his Associates are not liable should you choose not to proceed with treatment and your condition and/or symptoms worsen.

By signing below, I acknowledge that I have read, understand, and agree to the terms of this policy, which will be applicable for any and all vein treatment ordered by Cardiovascular Institute of Scottsdale, and that I have received a vein packet containing the preparation instructions for my vein procedure(s).

Patient Name (Please Print):____

Patient Signature:______________________________Today's Date:______________________________

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Instructions for Treatment of Varicose Veins

Treatment types for varicose veins include: Radiofrequency (RF) Ablation Therapy, Ambulatory (Stab) Phlebectomy, and Ultrasound Guided Foam Sclerotherapy.

Before Treatment: Preparation Instructions

- **Please plan IN ADVANCE to get your stockings prior to this procedure as you must be fitted, measured and sized for them and they may need to be ordered. Please bring your prescription Class II thigh high compression stockings (20-30 compression rating) with you on the day of the procedure. Your procedure cannot be done without these.**
- Take a shower and wash your leg(s) with antibacterial soap (Dial or other brand) on the morning of your procedure.
- Do not shave or use lotion on your leg(s) to be treated 24 hours prior to the procedure to minimize irritation to the skin.
- Wear loose fitting shorts, or very loose pants that you can pull on over the leg bandage that will be placed on after the procedure.
- Please bring or wear a pair of walking shoes with you to your appointment. You will walk for 20 minutes after the procedure.
- You may have a light breakfast the morning of your procedure, including water or juice; however, **DO NOT CONSUME CAFFEINE THE MORNING OF YOUR PROCEDURE** or you will need to be rescheduled. This includes coffee, decaf, tea, soda, chocolate or pain relievers that contain caffeine.
- If you are taking **Aspirin** or **Plavix**, please take your medication as usual. If you are taking **Coumadin**, **Warfarin**, **Pradaxa**, **Xarelto**, or **Eliquis,** please call the office at 480.747.6532 for specific instructions about holding your medication.
- **It is required that you have someone with you to drive you home.**
- Please review the Patient Informed Consent form and bring it with you. We will review it again and ask you to sign it just before the procedure.

CARDIOVASCULAR INSTITUTE
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<u>After Treatment</u>: Instructions and Expectations

<u>1- Venefit RadioFrequency Ablation</u>

- Activity:
  - You should be able to return to work the day after the procedure.
  - Please refrain from lifting anything over 20 pounds for **4 weeks**.
  - Please refrain from contact sports (i.e. aerobics, football, soccer) for **3 weeks**.
  - Please refrain from long (2 hours or more) plane trips or car rides for **3 weeks**.
  - During the first **2 weeks** after the procedure we recommend you exercise by continuing your normal walking regimen. After **2 weeks** you may increase your exercise to include biking, swimming, and other low impact exercise.
  - **For the next 7 days, while you are sitting for long periods** (such as reading or watching television)**, please keep your treated leg elevated, as much as possible.** You will have better results if you keep your ankle higher than your heart.
- Water exposure:
  - The treated leg should be kept dry and not be exposed to any water for 48 hours (no shower)
  - Please refrain from using a hot tub or sauna for the first week after treatment.
- Compression stocking:
  - Until we recheck your leg 7-10 days following your procedure, you should wear your **compression hose** continuously (24/7). This includes sleep and shower (a hair dryer can be used to dry the hose after showering). .
  - After we recheck your leg, you will need to wear your **compression hose** for the next 7 days during the day only, 12 hours a day.
- Pain medications:
  - **A sensation of tightness in the thigh of the treated leg is common. This usually goes away in 7-14 days.**
  - If you have minor discomfort, Tylenol or Ibuprofen may be taken as directed.

<u>After Treatment</u>: Instructions and Expectations

<u>2- Venaseal Closure</u>

- Activity:
  - You should be able to return to work the day after the procedure.
  - Please refrain from contact sports (i.e. aerobics, football, soccer) for **3 weeks**.
  - Please refrain from long (2 hours or more) plane trips or car rides for **3 weeks**.
  - **For the next 7 days, while you are sitting for long periods** (such as reading or watching television)**, please keep your treated leg elevated, as much as possible.** You will have better results if you keep your ankle higher than your heart.
- Water exposure:
  - The treated leg should be kept dry and not be exposed to any water for 48 hours (no shower)
  - Please refrain from using a hot tub or sauna for the first week after treatment.
- Compression stocking:
  - **No compression stocking after the procedure**
- Pain medications:
  - **A sensation of tightness in the thigh of the treated leg is common. This usually goes away in 7-14 days.**
  - If you have minor discomfort, Tylenol or Ibuprofen may be taken as directed.

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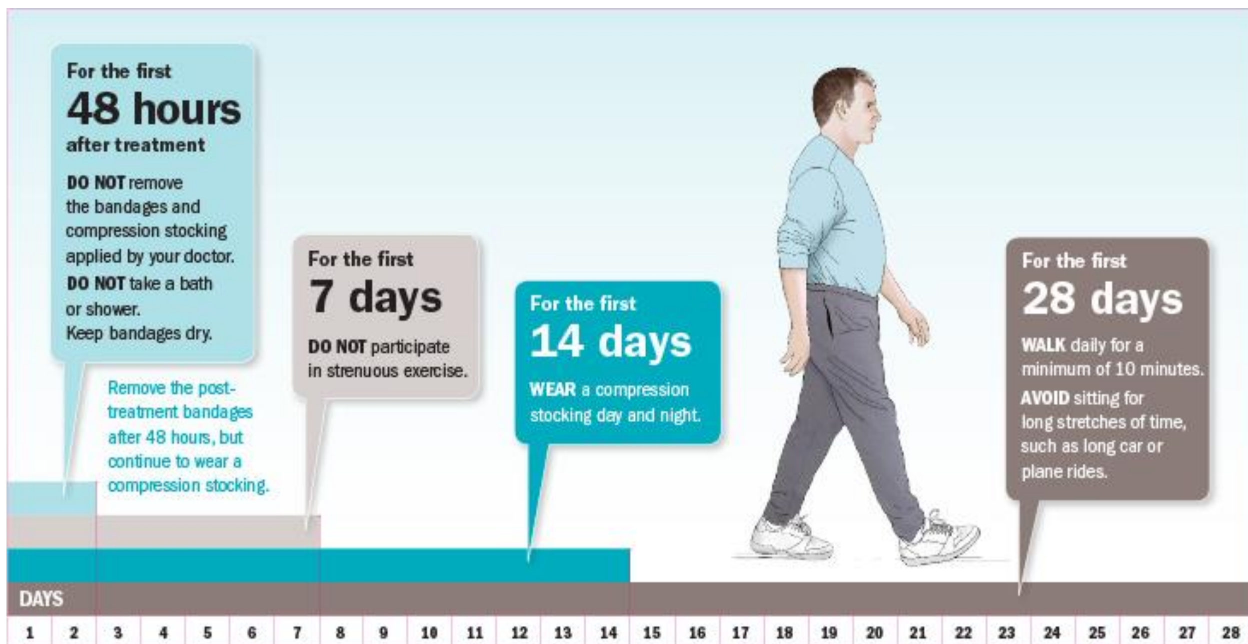
<u>After Treatment</u>: Instructions and Expectations

<u>3- Varithena Chemical Ablation</u>

- Activity
  - Patients may resume some activities the same day as treatment
  - Heavy exercise should be avoided for one week.
  - For a month, patients should walk at least 10 minutes a day and avoid long periods of inactivity.
- Water exposure:
  - Post-treatment bandages need to be kept dry and in place for 48 hours,
- Compression stockings:
  - Compression stockings must be worn on the treated leg for 2 weeks day and night.
- Pain medications:
  - **A sensation of tightness in the thigh of the treated leg is common. This usually goes away in 7-14 days.**
  - If you have minor discomfort, Tylenol or Ibuprofen may be taken as directed.



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After Treatment: Instructions and Expectations

Important

- As with any invasive procedure, side effects may occur. If you develop an acute fever (more than 100 F or 38 C) or severe or worsening pain/swelling, please call our office immediately.
- It is important that you know and understand your insurance company's guidelines regarding coverage of this procedure. If you have any questions regarding this, please contact your insurance company directly.
- **If you have any questions, please call our office** at 480.747.6532 or visit our website at www.cviscottsdale.com.

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Retailers for Compression Hose

Active Forever
www.activeforever.com
10799 N. 90th Street **Phone:** 480-767-6800
Scottsdale, AZ 85260
Active Forever Location: 1 block north of Shea Blvd., on the east side of 90th St.

CVS Home Health Pharmacy
www.cvs.com
10653 N. Scottsdale Rd. **Phone:** 480-998-3500
Scottsdale, AZ 85254
CVS Home Health Location: NE corner of Scottsdale Road and Shea Blvd.

Hanger Pharmacy
www.hanger.com
9023 E. Desert Cove Drive, Suite 102 **Phone:** 480-614-8820
Scottsdale, AZ 85260
Hanger Pharmacy Location: 1 block north of 90th Street and Shea Blvd.

Soundwave Imaging Services, LLC
Sales Representative: Jessica Stuart **Phone:** 602-300-5856
Jessstu01@gmail.com
Soundwave Imaging Services Location: within Cardiovascular Institute of Scottsdale.

Scottsdale Medical Equipment & Supplies
www.azsmes.com
8752 E. Shea Blvd., Suite 131 **Phone:** 480-596-3896
Scottsdale, AZ 85260
Scottsdale Medical Equipment & Supplies Location: NW Corner of Loop 101 and Shea Blvd.

Please note: Cardiovascular Institute of Scottsdale is not affiliated with the retailers provided.

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ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE

NOTE: If your insurance does not pay for the service listed below, you may be responsible for the bill, even if you or your health care provider believes the service to be medically necessary.

PATIENT NAME: ____

SERVICE: ____

REASON INSURANCE MAY NOT COVER: _____________________________

ESTIMATED COST: ____

Choose from the following options:

☐ I agree to receive the above listed SERVICE. I agree to pay for the SERVICE now, but I also want my insurance billed.

☐ I agree to receive the above listed SERVICE. I want my insurance billed; however, if insurance does not pay for the SERVICE, I agree to pay for the service.

☐ I agree to receive the above listed SERVICE but do not want my insurance billed. I agree to pay for the SERVICE now.

☐ I do not wish to receive the above listed SERVICE.

If you have questions about whether your insurance company may pay for the above SERVICE, please contact your insurance company.

By signing below, you understand the terms of this NOTICE.

____
Printed name of patient

____ __________
Signature of patient Date

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