



Please read the following PDT/Levulon treatments instructions and the attached paperwork carefully.

Pre Visit Instructions:

1. Fill out and sign the consent and bring with you to your appointment. Due to the cost of the chemical and the uncertainty in the actual benefits paid prior to treatment by your insurance provider we will need to require prepayment at time of arrival for this procedure. Your estimated out of pocket costs based on a typical 2025/2026 insurance reimbursement for commercial insurance is \$520 per area.
2. Regular Medicare with a supplement does not require pre-payment - if you have not met your part B deductible you will be billed for that. Medicare Advantage plans such as Humana and Blue Medicare Advantage require a copay and an additional 20% coinsurance on the Levulan drug. This will be billed to the patient after treatment.
3. **Prepayment due at time of check in /prior to your procedure.**

Once the claim processes from your insurance and we receive an EOB (explanation of benefits) we will reimburse you within 15 days of receiving this information if your insurance identifies that you owe less than the full allowable amount you paid at the time of your visit.

Frequently Asked Deposit Questions:

1. Is the pre-payment above and beyond what my insurance allows? No – we only collect what is allowed and we refund any money due within 10-15 days of receiving the determination from your insurance company.
2. What if I have already met my deductible? Due to the complexities of each different insurance policy with some requiring copayment or co-insurance with surgeries and or an out-of-pocket minimum even with a deductible, we still require collection of the cost of the procedure as a precaution.
3. What if I have an Health Savings Account? ? If you pay your deposit with your HSA card and are due a refund, you will be mailed a check due to the fact that we do not have a way of refunding/re-loading the refund credit back to your actual HSA card

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Visit Instructions:

Come with clean skin: NO makeup or facial moisturizer or sunscreen on the face. No body lotion, sunscreen, hair gel for other areas. MEN: If we are treating your face, DO NOT SHAVE the day of treatment, shave the night before. Lipstick/lip balm ok

1. **FACE:** bring a scarf and hat with wide brim. You will need to stay in the office for one hour while the medication incubates.
2. **Chest, arms, legs, scalp:** please wear clothing that will completely cover the area, to be treated. (hat with no holes or webbing for scalp)
3. **Dr George recommends ISDIN sunscreen** for patients with pre-cancerous lesions. If applied twice daily it can help address previous sun damage with it's DNA repairsomes and vitamin E complex as well as providing spf 50 sun protection. It is available to purchase in our office at the time of your visit
4. Bring a book, or ipad to entertain you during your wait. You may listen to your music during the treatment, don't forget your headphones!!

******No direct or indirect sun for 48 hours (including fluorescent lighting) **** on any area treated.**

If you need to cancel or reschedule please call 910-256-4350 at least 48 hours ahead of time to avoid a cancellation fee

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CONSENT: Photodynamic Therapy (PDT) prepayment consent

Aminolevulinic acid (ALA) is a naturally occurring photosensitizing compound, and has been approved by the FDA to treat pre-cancerous skin lesions called actinic keratosis. This acid is applied to the skin and subsequently “activated” by a specific wavelength of light. This process of activating the ALA is termed Photodynamic Therapy. The purpose of activating the ALA is to reduce pre-cancerous skin lesions. ALA will be applied to my skin. After an incubation time determined by my doctor, the area will be treated with a specific wavelength of light to activate the Aminolevulinic acid.

I understand that **I should avoid direct sunlight for 48 hours** following the treatment due to photosensitivity.
_____ pt initial

I understand that any, even indirect sun exposure during this time can increase possible side effects including; swelling, burning, redness and pain. I should wear sunscreen, a hat and a scarf on my face returning home from this treatment. I must stay home and avoid **ANY** light from windows for 48 hours and I must diligently use sun protection for 7 days following this treatment. _____ pt initial

Possible side effects of Aminolevulinic acid treatment include discomfort, burning, swelling, redness, and possible peeling, especially in any areas of sun damaged skin and pre-cancers on the skin, as well as lightening or darkening of skin tone and spots. The peeling may last many days, and the redness for 1-2 weeks if I have an exuberant response to the treatment. The greater the number of precancers on my skin the more exuberant these reactions will be. _____ pt initial

I understand that I may require several treatment sessions spaced 3-4 weeks apart to achieve optimal results. The recommendations, based on many studies and thousands of patients treated, are 1-2 treatments for AK's (actinic keratosis) and 2-4 treatments for acne. _____ pt initial

I understand that medicine is not an exact science, and that there can be no guarantees of my results. I am aware that while some individuals have fabulous results, it is possible that these treatments will not work for me. I understand that alternative treatments include topical medicines, oral medications, cryosurgery, excision, and surgery. _____ pt initial

Financial Consent: Full payment due at time of service. Regular Medicare does not require pre-payment, however, the annual part **B** Deductible must be met before Medicare and your supplement will pay. Medicare Advantage plans such as Humana and Blue Medicare Advantage require a copay **and an additional 20% coinsurance on the Levulan drug** that will be billed to the patient after the treatment. Due to the cost of the drug and uncertainty in the actual benefits paid prior to treatment by your insurance provider we require all individuals who are treated to prepay when they arrive for their visit. Your estimated out of pocket costs based on typical insurance reimbursement for 2025/2026 is \$520.00 per area and would be due when you arrive for your treatment.
_____ pt initial

I have read the above information and understand it. The doctor and his/her staff have answered my questions satisfactorily. I accept the risks and complications of the procedure. By signing this consent form I agree to have one or more Aminolevulinic acid treatments. _____

Patient's signature _____ Date _____ DOB _____

Printed name _____ Witness _____