

**Skin Cancer Center of S.E. MI, P.C.  
Mark A. Stiff, M.D.**

**AGREEMENT FOR MEDICAL SERVICES**

This AGREEMENT FOR MEDICAL SERVICES ("Agreement") is entered into effective the date set forth below by and between the Skin Cancer Center of S.E. Michigan, P.C. and Mark A. Stiff, M.D. (collectively the "Skin Cancer Center") and the undersigned Patient according to the following terms and conditions:

1. Consent for Services. Patient consents to healthcare by the Skin Cancer Center and its agents, as deemed necessary and appropriate under the circumstances by the Skin Cancer Center and its physicians. Said healthcare may include, but is not limited to, Mohs Micrographic Surgery, routine medical care, routine nursing care, diagnostic procedures (including laboratory services), administration of medication(s) (including anesthetics) and all other services deemed necessary by Patient's physician. Patient acknowledges that while at the Skin Cancer Center the Patient is under the control of their physician and that any Skin Cancer Center designee rendering service other than the physician is doing so at the direction of the physician. Patient understands that the Skin Cancer Center is a teaching facility affiliated with various teaching institutions, including Wayne State University and the Detroit Medical Center, and hereby consents to services being performed by students, residents or other medical and support staff of those facilities. Patient consents to the testing and disposal of specimens of his/her blood, urine and other bodily fluids, tissues and products. Patient understands that an HIV (human-immuno deficiency virus) test may be performed without Patient's further consent if a Skin Cancer Center agent sustains a percutaneous, mucous membrane or open wound exposure to Patient's bodily fluids.
2. Consent for Recording. Patient consents to the photography, videography or recording of their procedure(s) for educational and instructional purposes, provided their identity is not revealed.
3. Consent for Preservation. Patient consents to the preservation of any tissues or parts that may be removed by Skin Cancer Center for media, scientific or educational purposes and to the disposal of said tissues or parts.
4. Informed Consent. Patient acknowledges that the nature and purpose of any operation or surgical procedure, including alternative methods or treatments, the risks involved and the potential complications have been fully explained to Patient. Patient understands that the practice of medicine is not an exact science and no guarantees, promises or assurances have been made to Patient as to the result of treatment or procedures at Skin Cancer Center. This is particularly true concerning the possible complications of bleeding, infection, wound dehiscence, recurrence of a treated lesion, failure of a wound closure, skin graft or flap, scar formation and other unforeseen complications.
5. Medical History. Patient affirms that a complete and accurate medical history, including any drug allergies and medications taken in the last fourteen (14) days, has been provided to the Skin Cancer Center. The Patient acknowledges that the care the Patient receives is largely dependent on the information provided by Patient.
6. Payment for Services. Patient agrees to pay in full any and all charges for services rendered by the Skin Cancer Center not otherwise covered by insurance or other third party payor. Patient acknowledges that it is Patient's responsibility to provide accurate and updated information so that claims can be processed properly. Patient agrees to take any necessary action to ensure all Skin Cancer Center claims are processed appropriately. Patient assigns and authorizes payment to be made directly to the Skin Cancer Center or one of its physicians all healthcare benefits otherwise payable to Patient, but not exceeding the Skin Cancer Center charges.
7. Default of Payment. Patient acknowledges that any payment is due when services are rendered. If a claim is submitted to Patient's insurance carrier payment will be made promptly upon demand by Skin Cancer Center once the claim has been processed. Any payment not received within thirty (30) days of notice being sent is deemed late and a late fee may be assessed. Patient agrees to pay all collection costs and fees, including actual attorney fees, incurred in connection with the collection of Patient's unpaid balance.
8. Release of Information. Patient authorizes the Skin Cancer Center and its agents to release Patient's personally identifiable health information, including any serious communicable disease, psychological or alcohol and drug abuse treatment records, for the purpose of treatment, payment, healthcare operations and evaluation for research participation. Patient specifically authorizes any and all other healthcare facilities and providers, from whom Patient has received services, to release my personally identifiable health information to the Skin Cancer Center upon request for the same, but only so long as I remain a patient of Skin Cancer Center.
9. Appointments. If Patient is late for an appointment, at the doctor's discretion, the Patient may be asked to re-schedule the appointment. An office visit cancellation requires 24-hour notice. If an office visit is re-scheduled or cancelled by Patient without 24-hour notice a \$25.00 cancellation fee may be assessed. A surgical cancellation requires 48-hour notice. If a surgical visit is re-scheduled or cancelled by Patient without 48-hour notice a \$75.00 cancellation fee may be assessed.
10. Copy or Facsimile. A copy of facsimile of this Agreement shall have the same full force and effect as an original.

**I HAVE READ THIS AGREEMENT, IT HAS BEEN FULLY EXPLAINED TO ME AND ALL MY QUESTIONS ABOUT IT HAVE BEEN ANSWERED. I UNDERSTAND ITS CONTENTS.**

Dated: \_\_\_\_\_

**PATIENT**

/s/ \_\_\_\_\_  
Printed: \_\_\_\_\_

Dated: \_\_\_\_\_

**WITNESS**

/s/ \_\_\_\_\_  
Printed: \_\_\_\_\_