



Grid Photography Consent and Agreement

This Photography Work for Hire Agreement (“Agreement”) is by and between Carla J Bauman MD PS (“Clinic”) and Patient as set forth on the signature line below (“Patient”). Clinic and Patient agree to the following terms and conditions governing the provision by Clinic to the Patient of photographs for use by the Patient. All photographs provided by Clinic to Patient pursuant to this Agreement shall be deemed to be “works made for hire” as that term is defined in Section 101 of the United States Copyright Act (17 US Code, section 101).

1. Photographs. Clinic shall take and deliver to Patient, such photographs as are requested by Patient. Clinic’s photographer shall exercise his/her independent judgment and skill in determining how best to take photographs of the highest technical quality for the evaluation of pigmented lesions on the skin.

2. Ownership. All photographs taken and delivered to Patient pursuant to this Agreement shall be deemed works made for hire, as described above, and the Patient shall be sole owner of the photographs and of all rights, including copyrights, in such photographs.

3. Payment and Delivery. Patient agrees to pay Clinic in the form of cash, credit card or check the sum of \$425.00 plus tax in consideration for and at the time the photography services rendered by the Clinic. Patient acknowledges that that grid photography may not be a covered benefit through Patient’s medical health insurance company and reimbursement by Patient’s medical health insurance company is not guaranteed. Health saving Account and Flexible Spending Account credit cards are not an accepted form of payment. Clinic shall deliver photographs on a physical medium such as a USB drive in .jpeg format. Printed 4” x 6” color photographs are an additional \$75.00 plus sales tax.

4. Deposit and Cancellation Policy. At the time of scheduling photography services, Patient shall pay a nonrefundable deposit of \$50.00. The deposit shall be subtracted from the total payment owed by Patient upon completions of services. All deposit fees are non-refundable. In the event Patient or Clinic reschedules the photography services, the deposit shall be applied to the new scheduled date; provided, however, Patient does not reschedule more than two times, then an additional \$50.00 deposit shall be required and \$50.00 shall be subtracted from the total payment owed by Patient upon completions of services.

5. Miscellaneous. This Agreement is the entire agreement between the parties and may not be amended except by a writing signed by both parties. This Agreement shall be governed by, and

construed and enforced pursuant to, Washington law. The relationship of Clinic to Patient pursuant to this Agreement shall be that of independent contractor. Clinic shall not be deemed to be an employee of Patient for any purpose.

Patient requests printed 4" x 6" photographs for an additional \$75.00 plus sales tax.

If you chose to submit to your insurance company for reimbursement, you will need to do so using the following codes:

Diagnosis code:

V10.82 / Z85.820 (ICD-10) Personal history of melanoma

V16.8 / Z80.8 (ICD-10) Family history of melanoma

V76.43 / Z12.83 (ICD-10) Screening for malignant neoplasm

238.2 / D48.5 (ICD-10) Neoplasm of uncertain behavior

Treatment code:

96904 Grid photography

Reimbursement by your medical health insurance company is not guaranteed.

Date:

Patient Name

Patient Signature