

CURRICULUM VITAE

Kathleen Mitchell Brown, MD, FAAD

Contact Information:

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- website: www.oregonderm.com

Education and Professional Training:

1972-1976: West Springfield High School, Springfield, Virginia

- National Honor Society
- National Merit Scholar, 1975
- "Top Ten" in class of over 500

1976-1980: The College of William and Mary in Virginia, Williamsburg, Virginia

- Degree: B.A.
- Majors: Biology, Music
- GPA: 3.73 on a 4.0 scale
- Class Rank at Graduation: 37/754 (in top 5%)
- Honors included: Phi Beta Kappa (see Honors and Awards)

1983-1984: Old Dominion University, Norfolk, Virginia

- Non-degree graduate courses, 14 semester hours, GPA 4.0 on a 4.0 scale

1984-1988: Eastern Virginia Medical School, Norfolk, Virginia

- Degree: M.D., May 21, 1988
- Honors included: Alpha Omega Alpha, elected junior year (see Honors and Awards)
- Member of Student Progress Committee
- Vice President of chapter of Alpha Omega Alpha, and Chairman of the Membership Selection Committee of the chapter,

1988-1989: Eastern Virginia Graduate School of Medicine, Medical College of Hampton Roads, Norfolk, Virginia

- Internship (PGY 1), Internal Medicine, categorical track
- Second year of residency, (PGY 2), Internal Medicine, categorical track

1990-1993: Washington Hospital Center, Washington, D.C.

- Dermatology Residency, and Chief Residency,
- Rotations included George Washington University Hospital, Johns Hopkins Medical School, Armed Forces Institute of Pathology, Walter Reed Army Hospital, Children's National Medical Center, and Grand Rounds at the National Institutes of Health.

1994-1995: Johns Hopkins Bayview Medical Center, Baltimore, Maryland

- Third year of residency (PGY 3), Internal Medicine, categorical track

Pre-Professional Work Experience:

1976-1979: summer jobs during college, including work at Glacier National Park, intern at Environmental Protection Agency in Washington, D.C., camp counselor in New York State,

1980-1984: One Stop, Inc. (four convenience stores/gasoline stations), co-owner and financial manager

Professional Work Experience:

1991-1993: Office of Mark J. Jaffe, MD, Dermatologist, Maryland

- Limited part-time Dermatology practice, as an employed physician, during residency

1993-1994: Virginia Medical Associates, Fairfax, Virginia

- Practice of Dermatology, as an employed physician

1995-1997: Johns Hopkins Bayview Physicians, P.A., Whitmarsh office, Maryland

- Practice of Internal Medicine and Dermatology, as an employed physician

1997-2011: Bay Clinic, LLP, Coos Bay, Oregon (approximately 15 member multi-specialty group practice)

- Practice of Internal Medicine and Dermatology through 1999
- Practice of Dermatology only, from 2000 to 2011
- Employed for two years, then partnership in 2000
- President of Bay Area Medical Center (separate corporation for the medical building)
- Executive Committee member, participating in the management of the medical practice partnership
- Lab Director since 2006

2011-present: Oregon Coast Dermatology, (LLC)

- Owner and solo Dermatologist,
- The practice is "direct pay", meaning no contracts with third party payers. The model is excellent medical care for a reasonable fee, with pricing transparency, with no third-party conflict of interest, and with traditional privacy.
- The practice includes a broad range of medical, surgical, and aesthetic Dermatology services.

Current Appointments:

- South Coast Surgery Center, Coos Bay, OR
- Bay Area Hospital, Coos Bay, OR

Faculty Appointments (historic):

- Johns Hopkins University School of Medicine, (part-time faculty)
- Department of Dermatology, Assistant Professor, 1995-1997
- Department of Internal Medicine, Assistant Professor, 1995-1997
- Teaching: participant in the Curriculum Development portion of the Johns Hopkins Faculty Development Course, as a small team of three, developing a Dermatology curriculum for internists.

Certifications:

- Diplomate, American Board of Dermatology, 1993
- Recertified by American Board of Dermatology, 2001 (through 2013),
- Diplomate, American Board of Internal Medicine, 1995
- Diplomate, National Board of Medical Examiners, 1989,
 - (Scores in the 93rd, 98th, 99th percentiles on Parts I, II, III, respectively)

Medical Licenses:

- Maryland, 1991 (expired), Virginia, 1993 (expired), District of Columbia 1993 (expired)
- Oregon, 1997, active

Honors and Awards:

- Phi Beta Kappa, 1980
- Alpha Omega Alpha (medical honor society), 1987
- National Merit Scholar, 1975
- Phi Sigma Society (Biology Honor Society), 1980
- Alpha Lambda Delta and Phi Eta Sigma (college freshman honor societies), 1977
- Janet M. Glasgow Memorial Achievement Citation for Women in Medicine, 1988

Publications:

- Dimino MJ, Snitzer J, Brown KM: Inositol phosphates accumulation in ovarian granulosa after stimulation by luteinizing hormone. *Biology of Reproduction*: vol. 37, December, 1987,
- Brown KM, Moreland RM, Jorgenson H, et al: Treatment of psoriasis with visible spectrum light: *Biologic Effects of Light, Proceedings of Symposium*, (M. Holick, A. Kligman, eds), Walter de Gruyter, Berlin, New York, 1991,
- Brown KM, Petri M, Goldman D: Cutaneous Manifestations of SLE: Associations with other manifestations of SLE and with smoking. Abstract and poster presentation, 21st Southeast Region Scientific Program, American College of Rheumatology, April, 1995

Current Professional Association Memberships:

- Fellow, American Academy of Dermatology, since 1993
- Docs4PatientCare
- Association of American Physicians and Surgeons

Presentations:

- Informational presentation on direct pay Dermatology practice before the Oregon Senate Committee on Health Care, Human Services and Rural Health Policy, May, 2012,
- Presented as part of a talk on "Case Studies in Third Party Free Practice" at the Annual Meeting of the Association of Physicians and Surgeons, San Diego, California, October 2012,

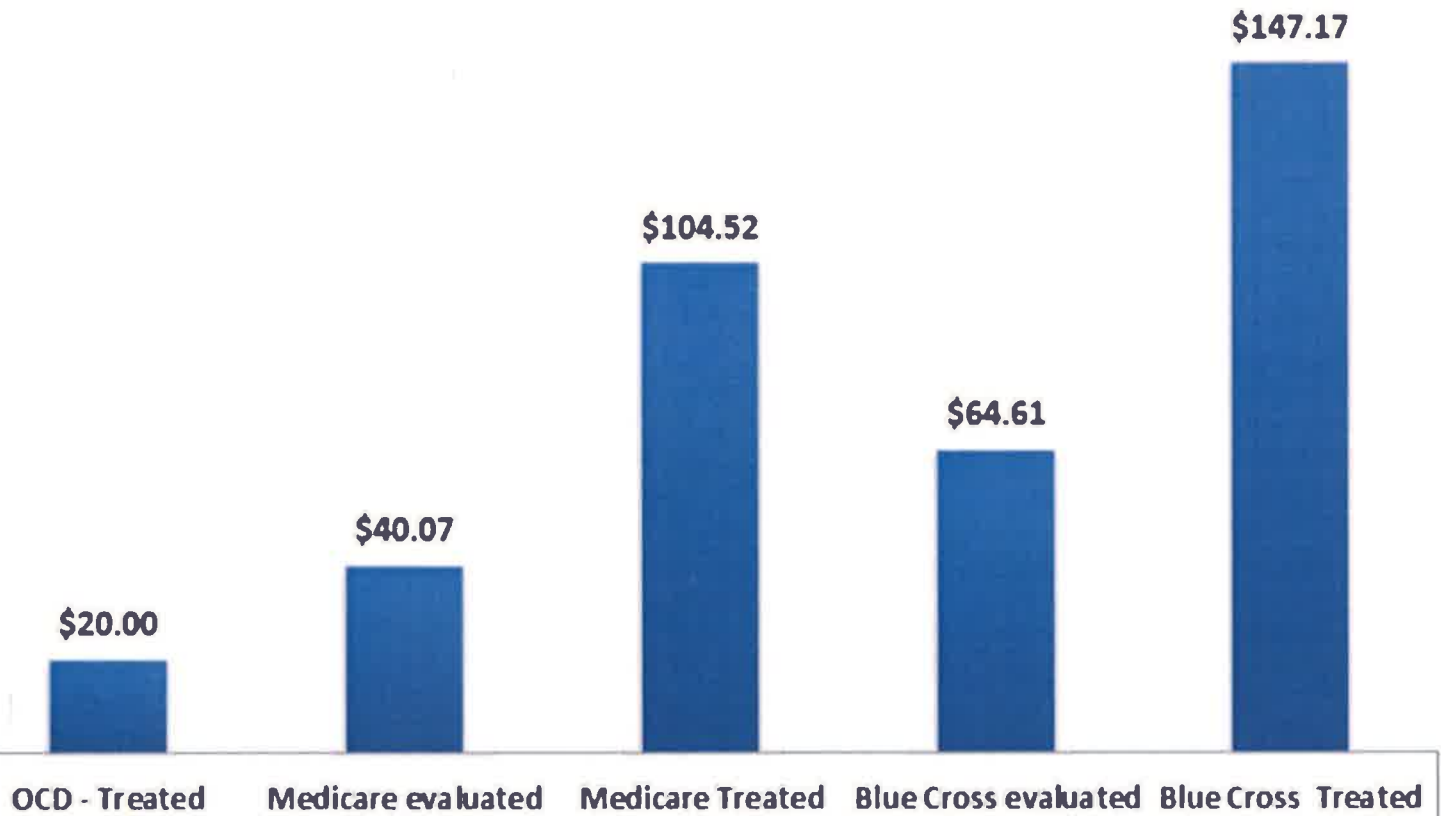
Call (541) 267-0347

<http://oregonderm.com>



Affordability

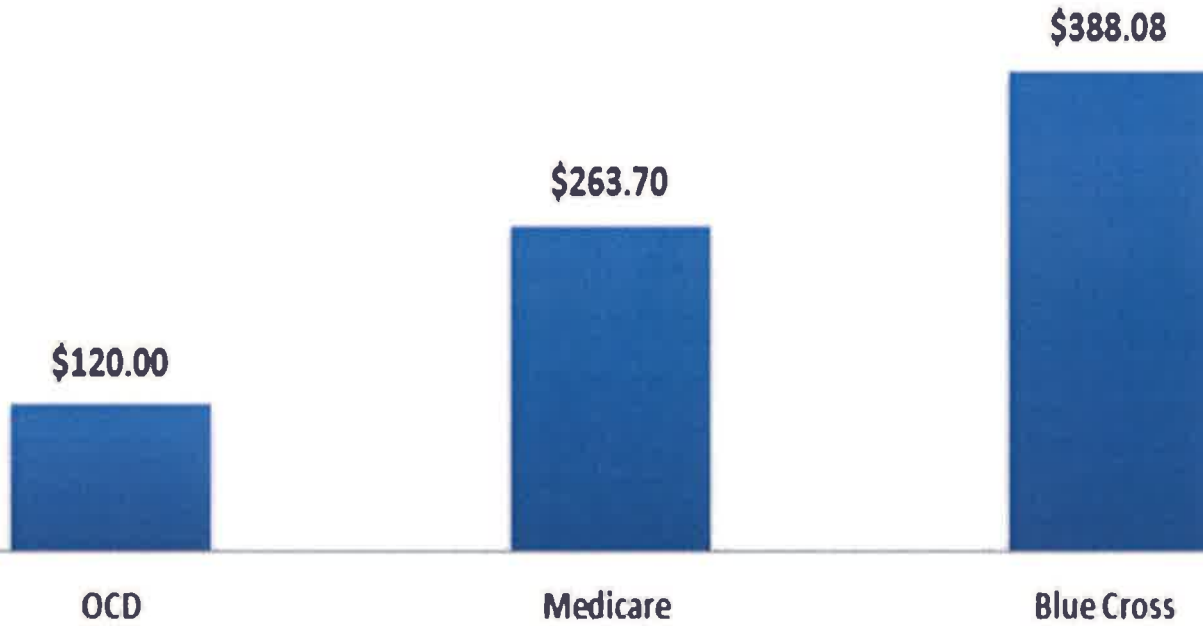
Single Growth - pricing comparison



Affordability

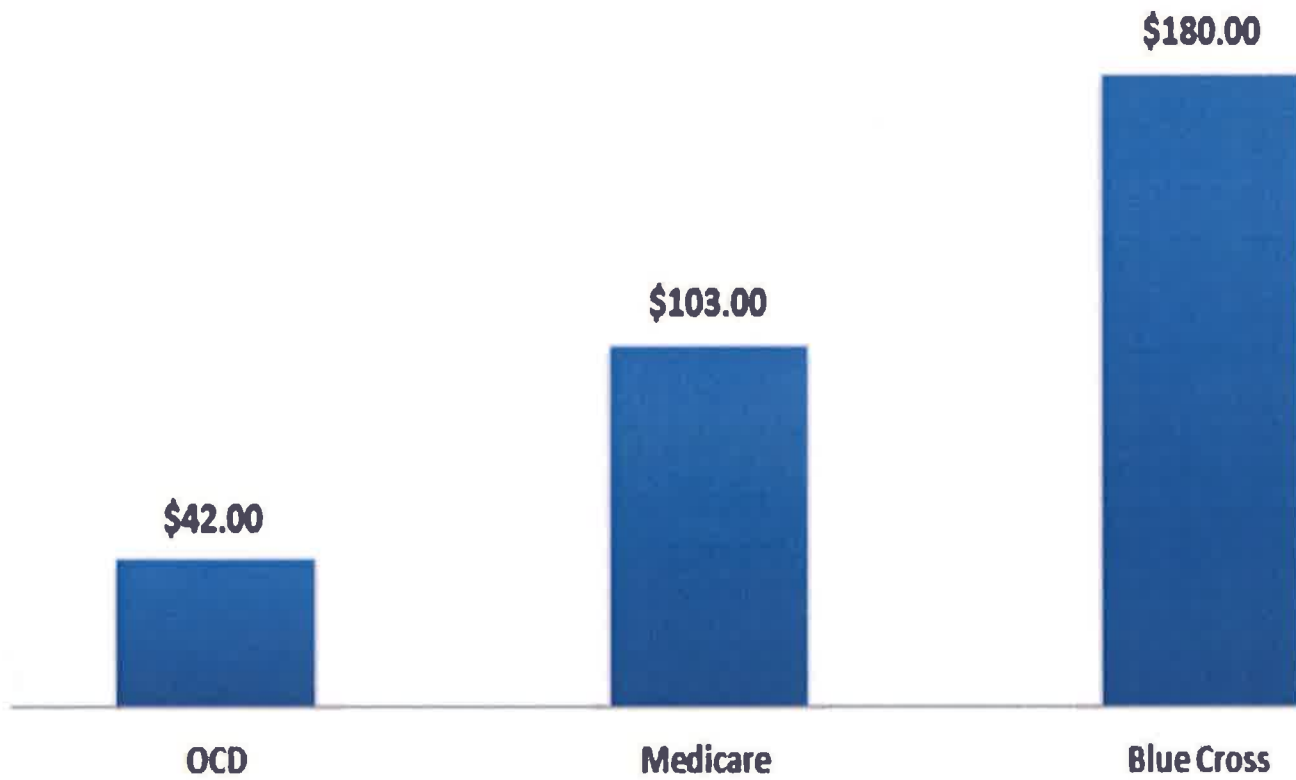
Office visit with complete skin exam

(chronic skin cancer patient) plus freezing of 15 or more actinic keratoses, taking about 30 minutes



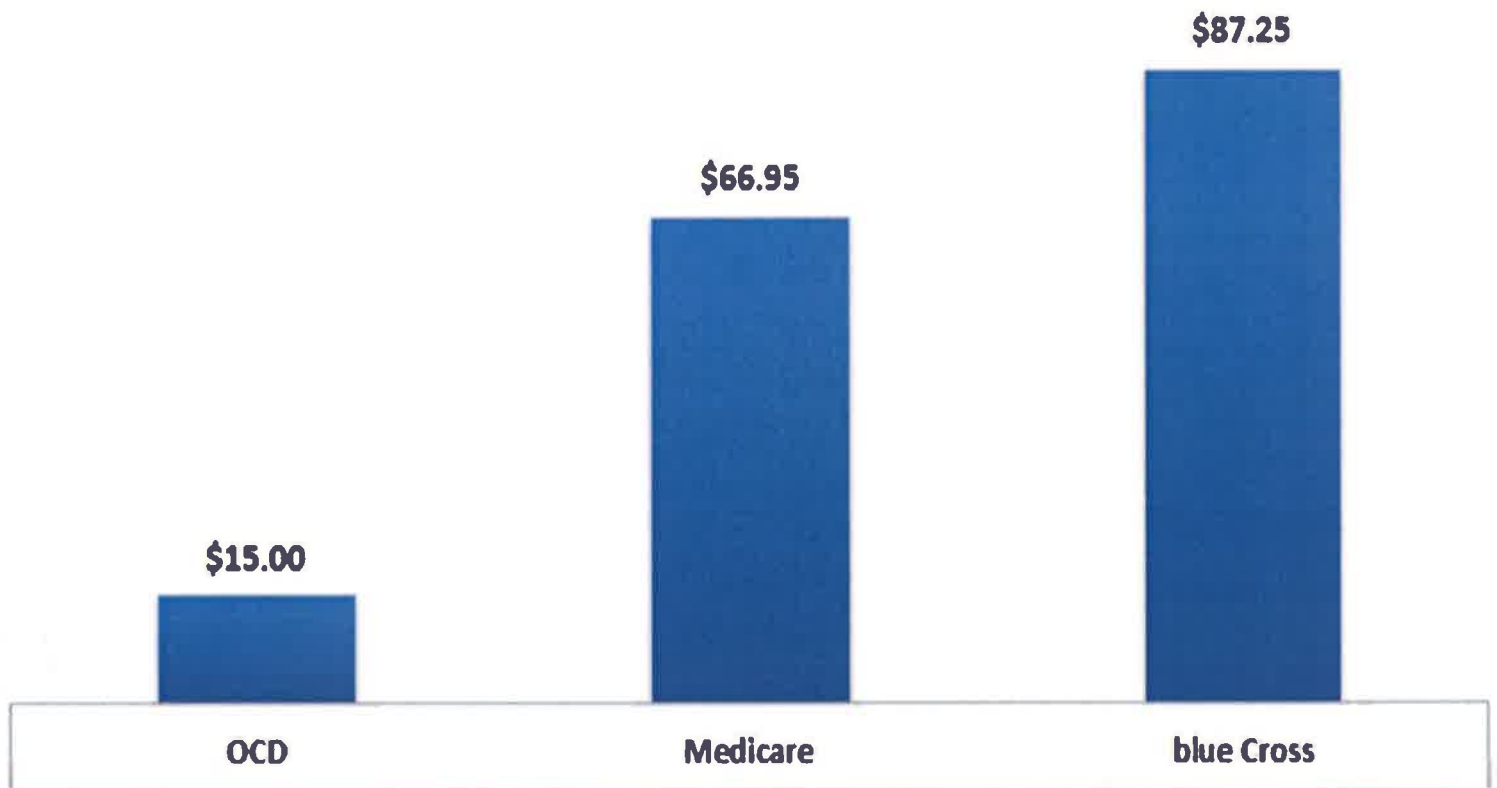
Affordability

Pathology specimen, skin, submitted to insurance



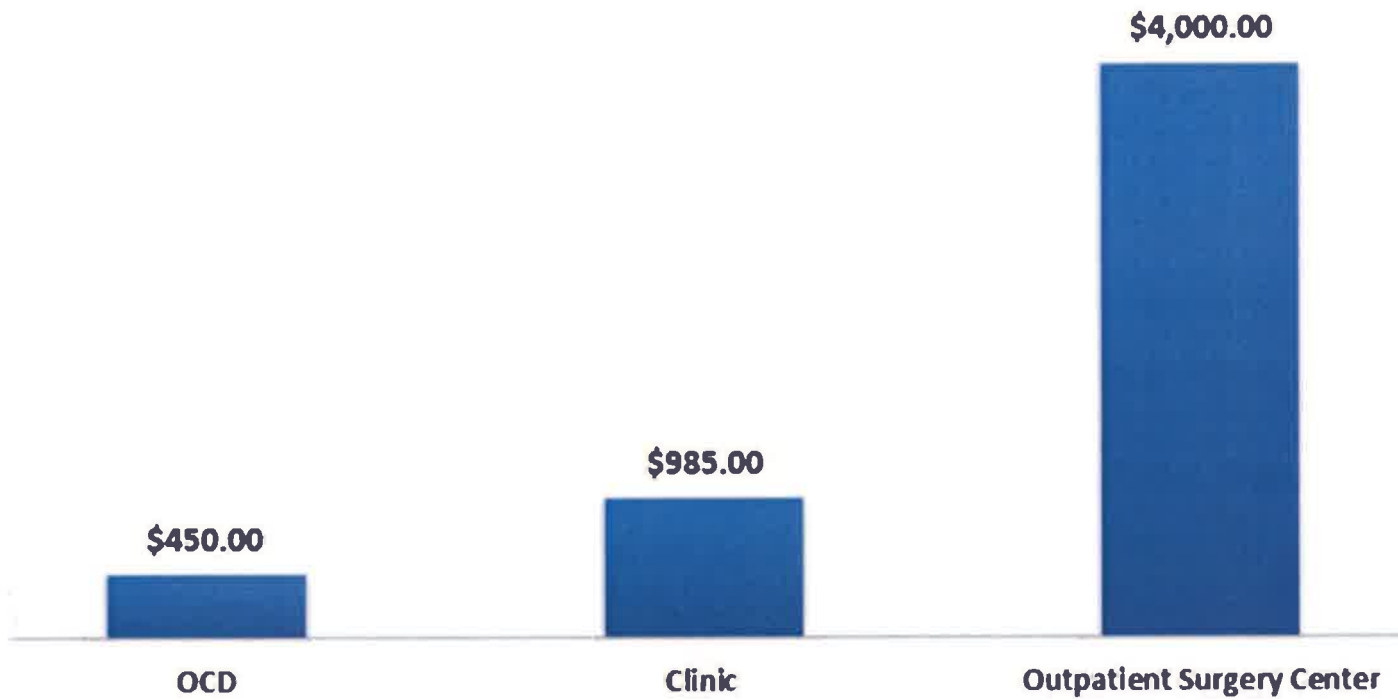
Affordability

Phototherapy (Narrow Band UVB) for psoriasis



Affordability

Excision of a facial skin cancer with layered repair or flap repair





Pricing Schedule - Summer, 2011

Level 1 Visit

- Any type of a visit that involves an exam and/or freezing of one or more growths.
- Most level 1 visits are between 5 and 30 minutes.

Time (minutes)	Fee
----------------	-----

5	\$20
10	\$40
15	\$60
20	\$80
25	\$100
30	\$120
35	\$140
40	\$160
45	\$180
50	\$200
55	\$220
60	\$240

Level 2 Visit

- Any procedure including biopsies skin tag removal, some mole removals, some skin cancer removals which don't involve stitches but includes a local anesthetic.
- Most level 2 visits are between 10 and 30 minutes.

Time (minutes)	Fee
----------------	-----

5	\$25
10	\$50
15	\$75
20	\$100
25	\$125
30	\$150
35	\$175
40	\$200
45	\$225
50	\$250
55	\$275
60	\$300

Level 3 Visit

- Bigger procedures that usually involve sutures (stitches)
- Most level 3 visits are between 15 and 60 minutes.

Time (minutes)	Fee
----------------	-----

5	\$30
10	\$60
15	\$90
20	\$120
25	\$150
30	\$180
35	\$210
40	\$240
45	\$270
50	\$300
55	\$330
60	\$360

Note: Occasionally, there may be an additional fee for staff time, administrative work, or other extra tasks that are done on your behalf. We will inform you any time extra fees are involved.

Patient Name: _____
Date of Birth: _____
Chart Number: _____
Address: _____
PCP: _____



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DERMATOLOGY OFFICE VISIT v1.5

Date of Visit: _____

PATIENT BILL

Office Visit: \$ _____
Procedural/Surgical Services: \$ _____
Phototherapy: \$ _____
Laser: \$ _____
Pathology: \$ _____
Patch Testing: \$ _____
Other: \$ _____
Total, Professional Services: \$ _____

PAYMENT IS DUE IN FULL AT THE TIME SERVICE IS RENDERED.

DERMATOLOGY OFFICE VISIT 8.0



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 Tax ID (EIN): 45-2036995
 Insurance companies should only use this for cross-checking, since they are reimbursing the subscriber, NOT the physician.

Patient Name: _____
 Date of Birth: _____
 Chart Number: _____
 Address: _____
 PCP: _____

Date of Visit: _____

PATIENT BILL

Fee(s) in \$	Time (in minutes)
Office Visit (Level 1): \$ _____	Level 1 Office visit time, including freezing
Procedural Services (Level 2): \$ _____	Level 2 procedures are usually "clean technique," no sutures
Procedural Services (Level 3): \$ _____	Level 3 procedures are usually "aseptic technique," +/- sutures
Phototherapy (Narrow Band UVB): \$ _____	<input type="checkbox"/> 1st Month <input type="checkbox"/> 2nd Month <input type="checkbox"/> 3rd Month
* or ** Laser: \$ _____	<input type="checkbox"/> VBeam PDL
* Aesthetic Injectables: \$ _____	<input type="checkbox"/> Neurotoxin, _____ units, <input type="checkbox"/> Filler(s), _____ syringes
Pathology: \$ _____	# of specimens: _____, at \$ _____ each. (CPT 88305)
Patch Testing: \$ _____	# of tests: _____ (for allergic contact dermatitis)
Office Dispensing: \$ _____	
Digital Dermoscopy/Mole Mapping: \$ _____	
Other: \$ _____	
Total: \$ _____	

DETAIL, PROFESSIONAL SERVICES — Narrative Description / Summary of Chart Notes

LEVEL 1 *Cosmetic / aesthetic service(s) ** May or may not be considered "medically necessary."

Evaluation of skin lesion(s) / mole(s) / growth(s)
 Evaluation of "rash" / skin / hair/ nail problem (s)/other skin problem(s)
 Skin cancer screening & education, partial or complete exam
 Follow-up, treated skin cancer(s), and/or actinic keratoses
 Follow-up skin condition(s)
 Mole mapping / follow-up (traditional method)
 Freezing/"destruction" of precancerous skin growth(s) (AKs)
 ** Freezing /"destruction" of benign skin growths, approx. % of Level 1 time: _____
 Discussion of skin cancers/skin care/sun protection / Vit D
 * Cosmetic concerns, approx. % of Level 1 time _____
 General medical issues Other: _____

LEVEL 3 ** May or may not be considered "medically necessary."

Punch biopsy, # _____
 ** Excision of benign growths, # _____
 Excision of questionable growths, # _____
 Excision of skin cancer(s), # _____
 Other: _____

PHOTOTHERAPY

Psoriasis
 Atopic Dermatitis / other eczema
 Refractory itching / pruritus
 Other: _____

PHYSICIAN COMMENTS

LEVEL 2 *Cosmetic / aesthetic service(s) ** May or may not be considered "medically necessary."

** Mole removal, # _____, approx. % of Level 2 time: _____
 ** Removal of benign lesion(s), approx. % of Level 2 time: _____
 Removal of precancerous skin growth(s) (AKs)
 Intralesional injection(s)
 Biopsy of growth(s) / lesion(s), # _____
 Biopsy and treatment of suspected skin cancer(s), # _____
 Other: _____

PATIENT OR SUBSCRIBER COMMENTS

DERMATOLOGY OFFICE VISIT s.o



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Date of Visit: 7/31/13

PATIENT BILL

	Fee(s) in \$	Time (in minutes)	
Office Visit (Level 1):	\$ <u>60.00</u>	<u>15</u>	Level 1 Office visit time, including freezing
Procedural Services (Level 2):	\$ _____	_____	Level 2 procedures are usually "clean technique," no sutures
Procedural Services (Level 3):	\$ <u>210.00</u>	<u>35</u>	Level 3 procedures are usually "aseptic technique," +/- sutures
Phototherapy (Narrow Band UVB):	\$ _____		<input type="checkbox"/> 1st Month <input type="checkbox"/> 2nd Month <input type="checkbox"/> 3rd Month
* or ** Laser:	\$ _____		<input type="checkbox"/> VBeam PDL
* Aesthetic Injectables:	\$ _____		<input type="checkbox"/> Neurotoxin, _____ units, <input type="checkbox"/> Filler(s), _____ syringes
Pathology:	\$ <u>126.00</u>	# of specimens: <u>3</u>	at \$ <u>42</u> each. (CPT 88305)
Patch Testing:	\$ _____	# of tests: _____	(for allergic contact dermatitis)
Office Dispensing:	\$ _____		
Digital Dermoscopy/Mole Mapping:	\$ _____		
Other:	\$ <u>10.00</u>		
Total:	\$ <u>406.00</u>	<u>PD-me</u>	

DETAIL, PROFESSIONAL SERVICES — Narrative Description / Summary of Chart Notes

LEVEL 1 *Cosmetic / aesthetic service(s) ** May or may not be considered "medically necessary."
 Evaluation of skin lesion(s) / mole(s) / growth(s)
 Evaluation of "rash" / skin / hair/ nail problem (s)/other skin problem(s)
 Skin cancer screening & education, partial or complete exam
 Follow-up, treated skin cancer(s), and/or actinic keratoses
 Follow-up skin condition(s)
 Mole mapping / follow-up (traditional method)
 Freezing/"destruction" of precancerous skin growth(s) (AKs)
 ** Freezing /"destruction" of benign skin growths, approx. % of Level 1 time: _____
 Discussion of skin cancers/skin care/sun protection / Vit D
 * Cosmetic concerns, approx. % of Level 1 time _____
 General medical issues Other: _____

LEVEL 3 ** May or may not be considered "medically necessary."
 Punch biopsy, # 1
 ** Excision of benign growths, # _____
 Excision of questionable growths, # 1 (punch)
 Excision of skin cancer(s), # _____
 Other: _____

PHOTOTHERAPY
 Psoriasis
 Atopic Dermatitis / other eczema
 Refractory itching / pruritus
 Other: _____

PHYSICIAN COMMENTS

LEVEL 2 *Cosmetic / aesthetic service(s) ** May or may not be considered "medically necessary."
 ** Mole removal, # 2 approx. % of Level 2 time: one is
 ** Removal of benign lesion(s), approx. % of Level 2 time: "questionable"
 Removal of precancerous skin growth(s) (AKs)
 Intralesional injection(s)
 Biopsy of growth(s) / lesion(s), # 2
 Biopsy and treatment of suspected skin cancer(s), # _____
 Other: _____

PATIENT OR SUBSCRIBER COMMENTS

Patient
Facility

DOB
Encounter Date

MRN

E/M Documentation Assessment Using the TrailBlazer Method

Applicable to Medicare patient encounters in Texas, Virginia, Delaware, Maryland and District of Columbia

There are several different Medicare carriers, of which TrailBlazer is one, and each may have its own set of documentation guidelines. TrailBlazer is the Medicare carrier for Texas, Virginia, Delaware, Maryland and the District of Columbia. Medical documentation audits are broken into 3 categories: History, Exam and Medical Decision Making. Medical Decision Making is determined by the complexity of decision making and is further subdivided into 3 categories: Number of Diagnoses and/or Treatment Options, Data Reviewed or Ordered, and Risk of Complications, Morbidity or Mortality. The values of the subcategories of Medical Decision Making are then used to determine the complexity of Medical Decision Making. The values (supported by documentation) for the History, Exam and the Complexity of Medical Decision Making are then used to determine the overall patient encounter code.

History Components	Criteria			
	Criteria 1	Criteria 2	Criteria 3	Criteria 4
HPI (History of Present Illness) Status of 3 chronic problems <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR Choose Elements <input type="checkbox"/> Quality <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Associated Signs/Symptoms	<input type="checkbox"/> Status of 1-2 Chronic Conditions OR <input type="checkbox"/> Brief 1-3 Elements	<input type="checkbox"/> Status of 1-2 Chronic Conditions OR <input type="checkbox"/> Brief 1-3 Elements	<input type="checkbox"/> Status of 3 Chronic Conditions OR <input type="checkbox"/> Extended ≥4 Elements	<input type="checkbox"/> Status of 3 Chronic Conditions OR <input type="checkbox"/> Extended ≥4 Elements
ROS (Review of Systems) <input type="checkbox"/> Constitutional <input type="checkbox"/> ENT <input type="checkbox"/> Eyes <input type="checkbox"/> CV <input type="checkbox"/> Skin/Breasts <input type="checkbox"/> Resp <input type="checkbox"/> Endo <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Heme/Lymph <input type="checkbox"/> MS <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Allergy/Immunology	NA	<input type="checkbox"/> Pertinent to Problem 1	<input type="checkbox"/> Extended (Pertinent to problem and other related systems) 2-9 Total	<input type="checkbox"/> Complete (Pertinent and all related systems) 10 Total
PFSH (Past Medical, Family Social History) <input type="checkbox"/> Past History (Illnesses, Surgeries, Injuries) <input type="checkbox"/> Past Family (Diseases, Hereditary illnesses) <input type="checkbox"/> Social (Review of current, past activities)	NA	NA	<input type="checkbox"/> Pertinent 1 Area	<input type="checkbox"/> *Complete 2-3 Areas
*Complete PFSH 3 history areas for ALL NEW Patients 2 history areas for ALL Follow Up/Established Visits OR Patients seen in Emergency Department	<input type="checkbox"/> PROBLEM FOCUSED	<input type="checkbox"/> EXPANDED PROBLEM FOCUSED	<input type="checkbox"/> DETAILED	<input type="checkbox"/> COMPREHENSIVE

ALL Criteria for selected level MUST be MET or EXCEEDED

Examination Exam description	Guideline		Type of Exam
	1995 Guideline	1997 Guideline	
Limited to affected body area or organ system	<input type="checkbox"/> 1 Body Area or Organ System	<input type="checkbox"/> 1-5 Bulleted Items	<input type="checkbox"/> PROBLEM FOCUSED
Affected body area/organ system and other symptomatic or related organ systems	<input type="checkbox"/> 2-7	<input type="checkbox"/> 6-11 or more	<input type="checkbox"/> EXPANDED PROBLEM FOCUSED
Extended exam of affected body areas/organ systems and other symptomatic or related organ systems	<input type="checkbox"/> 2-7	<input type="checkbox"/> 12-17 or more for 2 or more systems	<input type="checkbox"/> DETAILED
General Multi-System	<input type="checkbox"/> ≥8	<input type="checkbox"/> 18 or more for 9 or more systems	<input type="checkbox"/> COMPREHENSIVE
Complete Single Organ System	Not Defined	Refer to Guideline	

See 1995 or 1997 Guidelines for Evaluation & Management Services for specific requirements

WHAT IS YOUR POLICY FOR TREATING INDIVIDUALS WHO TRULY CANNOT AFFORD TO PAY FOR THEIR OWN CARE?

For established patients known by Dr. Brown to have financial hardship, we will set aside time each month to provide visits for a flat \$10 fee. Visits will be limited to a maximum of 15 minutes and will only cover medically-necessary services. Visits will not include laser or cosmetic treatments. Visits that require level II or III procedures will be dealt with on an individual basis.

ARE THERE EVER ANY OTHER FEES?

Occasionally, there may be an additional fee for staff time, administrative work, or other extra tasks that are done on your behalf. We will inform you any time extra fees are involved.



Omnia pro aegrotato !



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Payment Policy



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