

# **Bakersfield Dermatology & Skin Cancer Medical Group**

## **Financial Policy**

Welcome to Bakersfield Dermatology! Please read our financial policy carefully.

We accept Medicare and most Preferred Provider Organization (PPO) insurance plans. However, it's a good idea for you to contact your insurance company prior to your appointment and verify if we are a participating provider as per your plan.

If you are insured by a Health Maintenance Organization (HMO) insurance plan that we are contracted with as a primary or secondary, it will be your responsibility to obtain a referral and/or pre-authorization by your primary care physician or insurance company, for your initial visit. If authorization hasn't been obtained prior to your appointment time, we will reschedule. We will obtain authorization for any subsequent visit within 3 years.

We do NOT accept Workers' Compensation. If you initiate a case, after treatment you'll be asked to continue that care with a Workers' Compensation provider.

Self-pay accounts are used for patients without insurance coverage, patients covered by insurance plans which the office does not accept, or patients without an insurance card on file with us or eligibility that could not be verified. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to pay in full at the time services are rendered.

All copayments and past-due balances are expected at the time of check-in unless previous arrangements have been made with our billing department. If your insurance does not reflect a copay amount or indicates a percentage to collect, we will collect a \$25.00 deposit. We cannot waive deductibles, coinsurances, or copays, this is a violation of insurance rules. We accept cash, checks, Google Pay, Apple Pay, Visa®, Master Card®, AMEX® and Discover®. If a check is returned, you will no longer be able to write a check to our office and will be responsible for the \$30.00 return check fee.

To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance. Having secondary insurance does not necessarily mean that your services are 100% covered. Secondary insurance policies typically pay according to a coordination of benefits with the primary insurance. It is your responsibility to provide our office with the correct Coordination of Benefits.

The responsibility lies with the patient, parent, guardian, power of attorney representative, or caretaker to complete our patient information form with the most current and accurate information. Please promptly notify our office of any patient information changes (i.e., address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Providing our office with outdated, inaccurate insurance information may result in the entire bill being categorized as a patient's responsibility.

Insurance policies are a contract between you and your insurance company. It is always the patient's/member's/subscriber's responsibility to verify that the physician(s) and/or the practice/group where you are seeking treatment are listed as authorized/participating providers under your insurance plan. As a courtesy to you, we bill your insurance company for services on your behalf. If any insurance company fails to process payment for services within 45 days from the date of the claim submission, the total balance will be determined to be the patient's responsibility.

Accounts 90 days past due, with no payment arrangement will be referred to our collections department. You'll have 14 days to pay your account in full. Accounts that are in full collection status will need to be paid prior to scheduling an appointment. You will also be required to pay a deposit of \$55.00 (office visit)/\$100.00(procedure/treatment) along with any copayment for each visit.

If two appointments are missed without cancellation or appointments not canceled within 24 hours, you will be charged a \$25.00 fee. These charges will be your responsibility and billed directly to you.

Please take note, in case of divorce or separation, the parent authorizing treatment for a child/ or children is agreeing to be the responsible party regardless of any court or custody arrangements.

If you need assistance in understanding our financial policy, please ask for the billing department.