

**Bakersfield Dermatology & Skin Cancer Medical Group
5101 Commerce Drive, Suite 101, Bakersfield, CA 93309
661-327-3756**

INSURANCE AND PAYMENT POLICY

We participate in most insurance plans, including Medicare. If you are insured by a non-contracted plan, payment in full is expected at each visit. If you are insured by a plan we are contracted with but do not have a copy of your insurance card, and eligibility cannot be determined, payment in full for each visit is required. It is your responsibility to provide us with the correct Coordination of Benefits to bill your insurance. If you are insured by an HMO (Health maintenance organization) insurance plan that we are contracted with as a primary or secondary, it is your responsibility to obtain initial authorization for services rendered in our office. If you are seen without authorization from your insurance, you will be responsible for payment in full at the time of service.

All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. We accept cash, checks, Visa®, Master Card®, and Discover®. Please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. Cosmetic procedures are deemed non-covered services (laser, Botox®, collagen, etc.) these must be paid at the time of your visit and will **NOT** be billed to insurance.

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If your insurance changes, please notify us before your next visit so we can make the appropriate changes. If your insurance company does not pay your claim in 90 days, the balance will automatically be billed to you.

All patients must complete our patient information form before being seen. If you have a change in address, telephone numbers, or employer, please notify the receptionist.

After 90 days, if no payments have been received and no extended payment arrangements have been made, necessary collection proceedings will begin. You will receive a letter stating that you have 14 days to pay your account in full. Please be aware we will refer your account to HP Sears on the date that is indicated in the letter. Keep in mind you and your immediate family members may be discharged from this practice.

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 help us to serve you better by keeping your regularly scheduled appointment.

Please take note that when signing our financial policy for minors; you are agreeing to be the responsible party regardless of any court or custody arrangements.

Please let us know if you have any questions or concerns.