

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

**INSURANCE AND PAYMENT POLICY**

Welcome to Bakersfield Dermatology! We participate in most Preferred Provider Organization (PPO) 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 a Health Maintenance Organization (HMO) 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 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.

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®. There is a \$30.00 fee on returned checks. If a check is returned you will no longer be able to write a check to our office.

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.

After 90 days, of no payments or payment arrangements 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 take note, in case of divorce or separation, the parent authorizing treatment for a child/ or children 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.