

Current Financial Policy for Beverly Hills Skin Care Institute

Effective Date: *May 1st, 2024*

Introduction

Welcome to Beverly Hills Skin Care Institute. We are committed to providing you with the highest quality dermatological care in an efficient and effective manner. Our financial policy is designed to clarify our expectations regarding payment and to help you understand your responsibility regarding the services received at our clinic.

Payment Policy

Insurance: We participate in most major health insurance plans, excluding medicaid. **It is your responsibility to:**

1. Bring your current insurance card and a valid ID to every visit.
2. Pay any co-payments, deductibles, or coinsurances at the time of service or upon receipt of your statement. **We are required by your insurance carrier to collect any charges which they determine to be the patient's responsibility.**
3. Ensure referrals and pre-authorizations are obtained before your visit if required by your insurer. **Our office is not responsible for any outstanding balances that result from patients' failure to obtain a referral or authorization for services from the insurance carrier prior to the claim being submitted.**

Self-Pay Patients or Patient with Medicaid

If you do not have insurance coverage, payment in full is required at the time of service. We offer a discount for services paid in full on the day of the visit. **New patient office visits are \$125**, not including additional procedures or services. **Return office visits are \$80**, not including additional procedures or services. Fees for any additional services or treatments can be discussed prior to scheduling an appointment or at the time of the visit. Often, these fees are based on the diagnosis and treatment plan necessary.

Forms of Payment: We accept cash, checks, and major credit cards. Returned checks will incur a fee of \$25.

Billing Statements:

If you have a balance after your insurance has issued their payment or denial, we will send you a statement. This balance is due upon receipt of the statement.

Collections: Accounts with an outstanding balance of more than 180 days will be forwarded to a collection agency. You will be responsible for all costs incurred in collecting unpaid balances including collection agency fees, attorney fees, and court costs.

Cancellations and Missed Appointments

We require at least a 24-hour notice to cancel or reschedule an appointment. Failure to cancel or reschedule at least 24 hours in advance will result in a fee of \$50 to \$75, which the patient will be responsible for paying.

Late Fees

Payments that are 90 days overdue will accrue a \$45 late fee. After 120 days, another fee of \$75 will be charged to the account. At this point, your account is at risk for being sent to collections.

Additional Services

Some services provided may be non-covered or not considered necessary under Medicare or other insurance programs. Consequently, you may be responsible for full payment of these services.

Consent to Treat and Financial Agreement

By signing below, you agree to accept full financial responsibility as a patient who is receiving care at our clinic. You confirm that you understand and agree to abide by this financial policy, which may be amended from time to time.

Print Name: _____

Acknowledgement Signature: _____

Date: _____