

Insurance Policy Form for Beverly Hills Skin Care Institute

Effective Date: May 1st, 2024

Authorization and Assignment

I give Beverly Hills Skin Care Institute permission to share details of my treatment with insurance companies. I also entrust the dermatologist with handling all claims for medical services for me or my dependents. I understand that I am liable for any costs not covered by insurance.

Insurance Verification

I understand that verification of insurance eligibility is not a guarantee of payment and that I am ultimately responsible for the payment of my account. It is my responsibility to inform the clinic of any changes in my insurance coverage. I acknowledge that it is also my responsibility to understand my insurance benefits, coverage, and if a referral or authorization is needed prior to my visit. I assume all responsibility for any outstanding balances that result from a failure to abide by this policy.

Financial Agreement

I agree that I will be responsible for any charges incurred if the insurance benefits result in less coverage than anticipated. I understand that charges may include non-covered services and services deemed not medically necessary by the insurance company.

Acknowledgment of Insurance Policy

I have read and understood the insurance policy of Beverly Hills Skin Care Institute and agree to adhere to all its requirements and provisions. I agree to bring my insurance card to each visit and notify the clinic of any changes in my insurance information.

Patient Name: _____

Patient's Signature: _____

Date: _____

Policyholder's Signature (if different from patient): _____

Date: _____