# Referral and Prior Authorization Policy for Beverly Hills Skin Care Institute

#### Effective Date: May 1st, 2024

#### Introduction

At Beverly Hills Skin Care Institute, we strive to provide our patients with the best possible care. To facilitate this, certain health insurance plans require referrals from primary care physicians (PCPs) and prior authorizations for specific treatments and procedures. This policy outlines our office procedures and patient responsibilities related to referrals and prior authorizations.

# **Requirement of Referral:**

Patients enrolled in HMOs or other plans that require a referral from a PCP must obtain this referral before scheduling an appointment.

It is the patient's responsibility to understand the terms of their insurance coverage and to ensure a valid referral is provided to our office prior to the visit.

# **Obtaining a Referral:**

Patients must contact their PCP to request the necessary referral. A valid referral contains the appropriate information, the correct date of the appointment, and confirmation that insurance has been notified.

Ensure that the referral is sent to our office either through electronic health records or delivered physically by the patient at the time of the visit.

#### Failure to Provide Referral:

If a patient arrives without the required referral, the appointment may be rescheduled until the referral is obtained. If the patient wishes to be treated without a referral on file, *it is the patient's responsibility to understand that insurance will not cover the visit and they will be required to pay out of pocket for any charges that are billed.* 

#### **Requirement of Prior Authorization:**

Certain procedures and treatments require prior authorization from the insurance provider. This includes, but is not limited to, advanced dermatological surgeries, specific medications, and cosmetic procedures.

Our office is happy to assist in submitting requests for prior authorization **if proper notice is given**; however, obtaining approval is ultimately the responsibility of the patient.**Our office is not responsible for knowing a patient's insurance coverage therefore the patient acknowledges that they will be required to pay for all outstanding charges.** 

# **Processing Time:**

Patients and referring physicians should be aware that obtaining prior authorization can take several days to weeks depending on the insurance provider and the specific request.

Patients are advised to check with our office to confirm authorization has been received before proceeding with scheduled procedures.

#### Patient Responsibilities

It is crucial for patients to actively participate in managing their referrals and prior authorizations. This includes communicating with their insurance company and primary care physician, as well as our office, to ensure all paperwork is completed and submitted in a timely manner.

# **Conclusion**

We thank you for your cooperation and understanding regarding our referral and prior authorization policy. Our goal is to provide you with timely and effective dermatological care while complying with the requirements set forth by your health insurance providers.

# Acknowledgement:

I have read and understood the Referral and Prior Authorization Policy of Beverly Hills Skin Care Institute and agree to comply with the terms as described.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_