

California Skin Surgery Center

Gregory M. Bricca, M.D., Inc.

Mohs Micrographic, Reconstructive & Dermatologic Surgery
Fellow of the American College of Mohs Surgery

Financial Policy

Thank you for choosing us to participate in your health care. As part of our commitment to providing the highest quality care, we try to offer efficient and helpful billing services. In order to achieve this goal, we have implemented the following financial policy. We ask you to read and sign this policy prior to receiving any evaluation or treatment.

- Payment for cosmetic or non-covered procedures is due at the time of service.
- We accept cash, checks, Visa and MasterCard.
- An 18% annual service charge will be added to bills over 30 days old.

It is essential that you **bring your current primary and secondary insurance cards to each visit**, so that we have the most accurate and up-to-date insurance information to submit charges to the insurance carrier on your behalf.

Participating Plans:

Insurance plans are constantly changing. We would ask that you contact your insurance provider prior to your appointment to ensure we are in your network of contracted providers. It is your responsibility to know your coverage eligibility, deductibles, copays, referral requirements, and prior authorization requirements. Please inform us if your policy requires pre-certification prior to your appointment. **Co-payments and deductibles are due at the time of service per health plan requirements.** We will bill the insurance carrier directly for all other costs. Once the correct payment is received, we will make our contractual adjustment and send you a bill for any outstanding balance. If outside laboratory services or consulting physicians are required in your treatment, you may receive additional billing. It is your responsibility to inform us of laboratories that are in your network.

Non-Participating Plans:

As a courtesy to you, we will bill your insurance carrier if you provide us with complete insurance information. You will have an opportunity to speak with our billing staff prior to evaluation and treatment of charges. However, if your insurance company has not paid your account within 30 days, the balance will be transferred to you for payment. This balance will then be your responsibility and you should remit payment within 30 days or contact your insurance company to check the status of the claim. Please notify us immediately once you have contacted your insurance company or if there is anything we can do to help settle the claim.

Authorization

In some cases, your insurance company may request medical records or other information before settling a claim. **By signing below, you authorize the release of any medical records or other information necessary to process your medical claims. You also authorize assignment of payment to Gregory M. Bricca, M.D., Inc., or the California Skin Surgery Center, Inc.**

FINANCIAL POLICY AGREEMENT/ACKNOWLEDGEMENT OF RECEIPT

I have read, understand, and agree to this Financial Policy and acknowledge the receipt of the Patient's Rights and Responsibilities, and Advanced Directives Forms.

X _____ Date _____
Patient/Responsible Party Signature

HIPAA ACKNOWLEDGEMENT OF RECEIPT

I have received the Notice of Privacy Practices required by HIPAA from Gregory M. Bricca, M.D., Inc. and the California Skin Surgery Center.

X _____ Date _____
Patient/Responsible Party Signature