

FINANCIAL POLICY

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by our office.

1. If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all charges for services rendered. We will bill both your primary and secondary insurance plans for contracted plans. You will be responsible at the time of service for payment of:
 - a. **Annual deductibles**
 - b. **Co-payments**
 - c. **Charges for non-covered or cosmetic services**

In the event that we are not aware of a charge that is not covered by your plan, you will be balance billed after we obtain a denial from your insurance carrier.

2. We are Medicare participating providers. We will bill Medicare and most secondary carriers. You will be responsible at the time of service for payment of:
 - a. **Annual deductibles**
 - b. **Co-payments**
 - c. **Charges for non-covered or cosmetic charges.** (*You will be asked to sign a Waiver of Liability Form in the event that a service is provided which we know is not covered by Medicare.*)

If you have Medicare as well as secondary coverage with a commercial plan with which we have no contract, we will file a claim to your secondary/supplemental carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance. Also note, that if you are covered with a Medicare Advantage Plan, please notify us so we can advise you if we participate in that plan. If we do not, you will be responsible for the charges at the time of service.

3. For non-Medicare patients who have insurance coverage with an insurance carrier with which we do not have a contractual relationship, please note the following:
 - a. We will file both your primary and secondary insurance. If we do not receive payment from your primary carrier within 60 days of filing, you will be billed for the entire amount. Payment is due 10 days after receipt of the statement.
 - b. If we receive payment from the primary insurer, we will file a claim with your secondary. If we do not receive payment from your primary carrier within 60 days of filing, you will be billed for the entire amount. Payment is due 10 days after receipt of the statement.
5. HMO Patients – you will be seen in our practice according to the terms and conditions of our contracts with your medical groups. *At the time of your visit or service, you must have the appropriate referrals and authorizations.* You will be financially responsible for **services not covered by your plan and our contracts.**
6. **Laser Procedures including microdermabrasion and facials** may be recommended as effective treatments for your skin problems; these are not covered procedures by most health plans, insurance carriers and Medicare. We do not initiate benefit verification or submit pre-authorization. There are HMO carriers that may carelessly authorize these procedures but eventually **deny them for payment as non-covered benefits.** Since you must know your coverage, we will not get involved for denied procedures to get covered and paid. You will be financially responsible for non-covered benefits.

7. Burbank Outpatient Surgery Center located next door at Suite 430, is affiliated with Kay Aesthetic Dermatology. This is an exclusive facility of Martin H. Kay, MD, PhD and his other providers to perform surgery procedures. Recent government regulations require that certain surgeries be performed in specially built and certified surgical centers.

The Burbank Outpatient Surgery Center is accredited by the American Association for Ambulatory Health Care, which means that it has passed a series of rigorous and nationally recognized standards for the provision of quality care, set by the Accreditation Association. This is also in compliance with AB 595 of California Health and Safety Code.

Your health insurance plan as provided to Kay Aesthetic Dermatology will be billed for the facility use of Burbank Outpatient Surgery Center on surgical procedures performed, separately from the professional fees of Martin H. Kay, MD and his other providers.

When the facility fees are submitted to your health insurance carrier, they will either mail the check directly to us or **in case it is sent to you – you may deposit the check and write us a personal check in the same amount, payable to Burbank Outpatient Surgery Center**. Failure to remit payment in a timely manner, will subject your account to a collection agency with the corresponding service fees and penalties.

As a courtesy we shall accept your insurance carrier payment in full. You will not be billed except for deductibles and non coverage of facility charges as determined in the explanation of benefits.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office.

_____ Date: _____
Patient Signature

CREDIT CARD AUTHORIZATION

My signature below allows this office to charge any outstanding balance to my credit card:

() Visa () Mastercard () American Express () Discover

Name on the card: _____

Card # _____ Exp: _____

_____ Date: _____

Authorized Signature