

# BERNARDO DERMATOLOGY MEDICAL GROUP

## Patient Financial Policy

### SELF-PAY FINANCIAL POLICY

1. We require that 100% of the first/initial visit fee be paid at the time care is rendered.
2. Payment plans can be arranged with a signed commitment following an appointment with our patient case representative. There is a \$25.00 set-up fee added to your account which will be waived if the balance is paid on time.
3. Treatment may not be administered to any patient whose balance exceeds \$250.00 without a written and signed financial payment contract.

### COMMERCIAL INSURANCE FINANCIAL POLICY

1. We need for you to understand that your insurance coverage is just that, **YOUR** coverage. It does not release you from any financial obligations for the services we rendered to you. It is **YOUR** responsibility to know your coverage benefits. (Examples: Deductible, co-insurance, co-pays, etc). This information will assist you in making educated decisions regarding your treatment and financial obligations.
2. If you are a new patient, or your insurance ever changes, you must furnish us with a copy of your current insurance card **prior** to treatment. Without this information, you will be considered as a cash patient.
3. Our office has knowledge of most insurance carrier's allowed rates. We will collect 100% of the allowed rates that should be applied to your insurance policy's deductible. If allowed rates are not known, there will be a minimum of 20% of the bill collected at the time of service.
4. If for any reason your insurance company has not covered your treatment within 60 days, you will be classified as a self-pay patient for outstanding dates of service.
5. There maybe a \$25.00 penalty fee on all overdue balances greater than 60 days. Balances greater than 90 days will be turned over to a collection agency.
6. Once **ALL** insurance payments have been received and it is deemed you have made an overpayment, we will refund any overpayment to you promptly.

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### **MEDICARE FINANCIAL POLICY**

1. Medicare requires that you pay an annual deductible per calendar year. We must collect any outstanding deductible due on the day that services are rendered unless your secondary/supplemental carrier pays the Medicare Part B deductible. It is YOUR responsibility to know your secondary/supplemental insurance coverage.
2. After the deductible is satisfied, Medicare will pay 80% of allowed charges. If you do not have secondary/supplemental coverage, you will be responsible for 20% of those charges on the day the services are rendered.
3. Medicare does not pay for all outpatient medical costs. By law, we cannot “write off” the difference, therefore, you are responsible to pay us if there is a balance.

### **MEDI-CAL or WORKERS’ COMPENSATION FINANCIAL POLICY**

Our Medi-Cal or Workers’ Compensation patient enrollment is open only for a doctor-to-doctor referral.

### **MISCELLANEOUS INFORMATION**

1. We accept cash, debit cards (with credit card logo), check, Visa, MasterCard, Discover & AmEx.
2. We require that any amount due be paid at the time of service. Please make an appointment with our patient case representative to discuss any financial questions or concerns.
3. The fee for a returned check is \$15.00. If you submit a check with insufficient funds, your professional treatment may be suspended until your balance is paid. Checks will no longer be accepted from a patient who has had a returned check, (payment by cash or credit card only).
4. Any patient account balance over 90 days past due, who does not have a financial payment contract, will be turned over to an outside collection agency. This also includes any patient account balances that have defaulted from their financial payment contract.
5. There is a \$35.00 fee to copy records, (except when BDMG is referring to another medical provider).
6. All cosmetic procedure fee(s) will be collected in full at the time of service. PPO insurance does not pay any cosmetic elective procedure. Payment methods are cash, personal check or credit card (Visa, MasterCard, Discover & AmEx).
7. If you are unable to make your scheduled appointment, you must notify us 24 hours in advance. Failure to do so will result in a \$25.00 fee for a general appt. and \$100.00 for a surgical appt..