

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 provide 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:

Co-payments and deductibles are due at the time of service per health plan requirements. If Dr. Bricca is a participating provider, we will directly bill the insurance carrier for all other costs. Once correct payment is received, we will make our contractual adjustment and send you a bill for any outstanding balance. It is your responsibility to know your coverage eligibility, deductibles, copays, referral requirements, and prior authorization requirements. If outside laboratory services or consulting physicians are required in your treatment, you may receive additional billing.

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 about 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.**

Thank you for reading our financial policy. Please contact us if you have any questions.

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

ACKNOWLEDGEMENT OF RECEIPT OF HEALTH INFORMATION NOTICE

I have received the Notice of Health Information Practices (Notice of Privacy Practices) from Gregory M. Bricca, M.D., Inc. and the California Skin Surgery Center.

X _____ Date _____
Patient/Responsible Party Signature

CALIFORNIA SKIN SURGERY CENTER

NOTICE TO PATIENTS

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California state law (§650.01 and §650.02) and federal healthcare regulations (§416.50) require that a physician notify a patient that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the non-routine goods or services being prescribed by the physician, and whether these are available elsewhere on a competitive basis. We support this law, because it helps patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of this law, you are being advised that we have a direct financial interest in the diagnostic or treatment agency named above. Further, as indicated below, services that we have prescribed are available elsewhere on a competitive basis.

DIAGNOSTIC OR TREATMENT AGENCY OR NON-ROUTINE GOODS AND SERVICE:

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Ambulatory Surgical Services

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ARE THESE SERVICES AVAILABLE ELSEWHERE ON A COMPETITIVE BASIS?

NO YES If yes, which ones:

.....
Various hospitals and surgical centers in Placer County. Sutter Roseville Hospital is the closest alternative location providing surgical services.

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The law provides for the acknowledgement of your having read and understood these disclosures by dating and signing this form in the space provided below. We will keep the signed original in your patient file.
Gregory M. Bricca, M.D.

Acknowledgement

(I/We) have read this "Notice to Patients" form, and (I/We) understand the disclosures that it contains.

Dated this _____ day of _____, 20_____

Printed Patient Name _____ Date of Birth ____/____/____

Patient Signature _____