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## FINANCIAL RESPONSIBILITY STATEMENT

As you are aware, the nature of insurance rules and regulations is more complex than ever. Here at DermaSpaMED, we are actively involved with hundreds of insurance companies, EPO's and PPO's, each with its own set of rules that may or may not change on a regular basis. Although we attempt to keep abreast of common changes, you will be responsible for any charges incurred that are denied due to lack of compliance with your insurance company. Due to increased billing costs, any patient responsible account which is not paid within 30 days of the first statement will be charged an \$8.00 rebilling fee each billing cycle thereafter. Please become familiar with you insurance plans regulations.

1. If you are assigned to a Primary Care Provider (PCP), ALL visits and procedures must be PRE-AUTHORIZED prior to your visit, unless stated by your insurance plan. Even if one visit was approved, subsequent visits and follow-up visits may need additional approval, even for treatment of the same diagnosis. Verify this information at the time of your visit.
2. If your insurance company requires that your laboratory testing be sent to a specific lab, please be sure to tell the medical assistant so we can comply with these requirements.
3. We do require a verbal confirmation 24 hours in advance of your scheduled appointment. If you fail to confirm your appointment, it will be canceled and you will need to call and reschedule.
4. There will be a \$35.00 no-show fee for any appointment of 20 minutes or more which you fail to keep.
5. You are responsible for non-Medicare approved expenses. Medicare supplements may need pre-authorization.
6. Our office is not contracted with MediCal. Therefore, services will not be submitted to MediCal for payment and you will be financially responsible for any patient designated balances. By signing this agreement, you will be waiving your MediCal benefits.
7. We do not accept Medicare patients that have MediCal as a secondary (i.e. Medi/Medi). Please inform the receptionist if you have this coverage.
8. Secondary insurance will not be billed by this office. Upon determination by your primary insurance of the amount due by your secondary insurance, you will be sent a statement. Therefore, you will be responsible for payment. You may submit our statement to your secondary insurance provider for your reimbursement. Medicare secondary insurances may automatically cross over from Medicare.
9. Co-payments and outstanding balances will be collected PRIOR to being seen. Unmet deductibles are expected to be paid in full at the time services are rendered.
10. If your insurance delays payment or denies payment of your claim, we may need to contact the Insurance Commissioner on your behalf. By signing this agreement, you are giving DermaSpaMED permission to do so.
11. Bring in any necessary information to assist us in billing your insurance (i.e. copy of your insurance card, authorization or referral from your primary care physician – if required by your insurance policy).
12. Patients with no insurance will be expected to pay for the initial visit in full, as well as further visits, unless arrangements have been made. Any patient with a poor credit history with Dr. Labrecque will be expected to pay prior to being seen.

Again, we at DermaSpaMED strive to assist you through our billing coordinator. Thank you, and please sign below to acknowledge your acceptance of these policies.

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

Staff Member for Dr. Labrecque: \_\_\_\_\_ Date: \_\_\_\_\_