

Dear Patient:

The billing department at Aesthetic Dermatology & Laser Center Medical Group Inc., will bill claims for services rendered as a courtesy. The following are the established guidelines that will be followed in resolving your claim.

1.     **Private Pay/**     We do not participate in any HMO-type insurance plans. If you are unsure of your  
      **Cash:**            type of insurance, you are responsible for payment in full at the time of service.  
      Pt's Initials  
      \_\_\_\_\_
  
2.     **Commercial/**     Any co-payments, deductible, non-covered services or amounts in excess of  
      **PPO/EPO/**         lifetime maximum are due and payable at time of service with the entire balance  
      **POS Ins:**         due and payable within thirty (30) days from initial billing date.  
      Pt's Initials  
      \_\_\_\_\_
  
3.     **Medicare:**     Any deductible or non-covered services are due and payable at time of service  
      Pt's Initials         with the entire balance due and payable within thirty (30) days from initial billings.  
      \_\_\_\_\_

**Patients not confirming prior authorization and/or requesting services when authorization has been denied or has not been obtained will be billed as private pay account and must adhere to the guidelines stated above in the Private Pay section.**

**Accounts not resolved within forty-five (45) days may be referred to an outside agency for further follow up, reported to the local credit-reporting bureau, and may result in legal proceedings. Please call Customer Service at (714) 229-8246 to make payment arrangements.**

My signature below acknowledges that I have received a copy of this letter and understand my financial responsibility.

\_\_\_\_\_  
Patient/Guarantor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

3055 W. Orange Ave., Suite 207  
Anaheim, CA 92804