

Samer Alaiti, MD, Inc;
Miracle Mile Medical Center for Dermatology, and Cosmetic Surgery, Inc;
Miracle Mile Vein Center
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Payment Guidelines

Cosmetic Services, or Private Pay (no insurance): Payment is due at time of service.

Insurance Services: We accept Medicare and certain PPO plans (such as Blue Cross, Blue Shield, Cigna, and CCN). After we receive payment from your insurance carrier, we will automatically charge your credit card for the remaining balance. In the event that we do not receive payment from your insurance carrier within 45 days, we will automatically charge your credit card for any remaining balance. In cases where we do not accept your PPO plan (Aetna, United Healthcare, Pacific Care, etc), and as a courtesy to you, we will contact the insurance company, in order to secure preauthorization, and facilitate reimbursement for you. We do not accept any HMO, or IPA plans.

Initial ___ I would like Samer Alaiti, MD, Inc to bill my Insurance Company for the services provided. I understand that:

- If my Insurance Company pays the full amount of my bill, then I owe Samer Alaiti, MD, Inc nothing.
- If my Insurance Company pays for only a portion of my bill, then I am responsible for paying the outstanding balance (deductibles, copay, etc). I authorize Samer Alaiti, MD, Inc to charge the outstanding balance to my credit card on file.

As a courtesy to you, we will process and bill your Insurance Company for the services we provided. In order to bill your Insurance Company, we will need all of the following items:

1. Current/valid *Patient Registration Form* including Social Security Number
2. Photocopy of your Valid Drivers License or State Issued ID Card
3. Photocopy of your most recent Insurance Card
4. *Credit Card Authorization Form* and Photocopy of your Credit Card
5. Signed copy of this form

Initial ___ In the event that your Insurance Company requests your medical records, a fee of \$35 will be added to your bill for retrieving, copying, and mailing your records.

Initial ___ I understand that I am responsible for informing Samer Alaiti, MD, INC, at least 24 hours before the scheduled appointment (weekend hours not included), if I am not able to keep my appointment; otherwise, I will be charged a cancellation fee of \$85 for a cancelled office visit, or the full cost of the procedure scheduled.

Name (printed) _____

Signature _____

Date _____

We recommend that you keep in close contact with the Insurance Company. Your involvement with the process may expedite the timely processing of your bill.