



## Allergy and Asthma Center, PC Financial Policy

We expect payment on the day of service. This reduces our billing costs and further allows us to keep our charges as low as possible. We require full payment of *expected patient responsibility* at the time of service based on your insurance coverage. A 10% discount is offered if you pay your complete balance on the date of service.

We will submit charges to your insurance carrier when complete information has been received. If insurance payment is delayed over 60 days you will be expected to pay the balance. We will make all efforts to resolve issues for non-payment from your carrier. Any payments received from your insurance carrier after you have paid on your balance will be refunded to you within 14 days of receipt of overpayment.

We will bill secondary insurance. Carrying primary and secondary policies does not alleviate all patient responsibilities: deductibles, co-pays and patient responsibilities still apply. After receipt of insurance payments, the amount that is remaining is due in full within 14 days. We recommend reviewing all explanation of benefits received from all insurance companies.

If arrangements for payment are needed, an agreement will be completed and signed with our office staff. A confidential meeting will allow for questions and explanations of our policies. You will receive copies of all conditions agreed upon.

We require 24-hour notice for cancellations on scheduled appointments. After three missed appointments without adequate notice, we reserve the right to discontinue further services.

Our office is not accepting new workman's compensation claims. If you have already received services from our office related to an employment claim, we will continue treatment related to that injury. Another provider will need to be selected for additional injuries or claims. Any treatments received that are later determined work related will not be billed through our office. This bill will remain full patient responsibility. All billing will have to be completed by the patient. Payment for any charges related to the injury will be required in full at the time of service. Any payment received from the workman's compensation insurance to our office will be returned within 21 days.

An insurance card must be presented at each office visit. Failure to present a card at the time of service will cause full payment to be due on that date.

Required referrals are the patient responsibility. Failure to obtain referral as indicated by your insurance coverage will result in the charge to be completely the patient responsibility.

**I have read and understand all policies listed above. I understand that I am responsible for payment in full for all charges from this office regardless of insurance coverage. I agree that insurance payments can be sent directly to Allergy and Asthma Center, PC.**

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printed patient name

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signature of responsible party

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date