

# Allergy Institute Financial Policy

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Thank you for choosing Allergy Institute as your allergy, asthma, and pulmonology care provider. We are committed to building a successful physician-patient relationship by providing quality and affordable health care. Your understanding of our financial policy and payment for services is essential to this relationship.

## **Copayments and Deductibles**

All copayments, co-insurance, and deductibles must be paid at the time of service unless previous arrangements have been made with our billing department.

We accept cash, check, debit, VISA, Mastercard, Discover, and American Express payments.

**⚠ We require a credit card to remain on file if you participate with a high deductible health plan, are self-pay with no insurance, or have an out-of-network health plan. At the time of registration, you will be required to complete our “Credit Card on File” agreement form.**

## **Regarding Insurance**

Your insurance is a contract between you and your insurance company. Allergy Institute is **NOT** a party to that contract. As your medical provider, our relationship and concern are with you and your health, not your insurance company.

**Knowing your insurance benefits is your responsibility. We cannot know each patient’s policy benefits and exclusions.**

We will bill your insurance company as a courtesy. To bill your insurance company properly, we require that you disclose all insurance information, including primary, secondary, and tertiary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in the patient being responsible for the entire bill.

## **Before your Appointment**

We **strongly recommend** that you contact your insurance company to determine what your schedule of benefits allows, if a deductible applies and your potential financial responsibility before services are rendered. If you have questions about the cost of services, please ask to speak to someone in our billing department. We will verify your insurance eligibility and benefits and obtain a quote. We are not responsible for any misinformation provided to us by your insurance company. Your insurance company makes the final determination of your eligibility and benefits. You are also responsible for verifying that the physician and the practice are participating providers under your insurance plan.

## **Bills from Outside Laboratory**

The specimens are sent to an outside laboratory if your medical care requires bloodwork or cultures. When this occurs, you may receive a separate bill from that laboratory. The laboratory bill is in addition to and separate from your charges incurred at the Allergy Institute. Our office cannot answer any questions related to the laboratory. You will need to contact the laboratory billing department directly.

## **Uninsured/Self-pay**

If you do not have medical insurance or our providers do not participate with your insurance plan, all charges incurred during your visit are due and payable at the time of service unless arrangements have been made with our billing department.

**See back side** 

### Referrals/Authorizations

It is your responsibility to obtain a referral if one is required by your insurance company. If a referral is not received, the patient accepts full financial responsibility for all services rendered.

### Divorce

In the case of divorce or separation, the parent authorizing treatment for a child will be the parent responsible for the charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

### Patient Billing

Patient billing statements are mailed out at the beginning of each month. All account balances must be paid in full when you receive your statement. If you cannot pay your account balance in full, you must contact our billing department to set up a mutually agreeable payment plan. We don't charge interest or late fees. We never intend to cause hardship to our patients; our goal is to provide them with the best care possible at reasonable costs.

### Collections

When an account has with an unpaid balance for 90 calendar days and no payment arrangements have been made, it will be sent to an outside collection agency. You may be dismissed as a patient and asked to seek care from another provider. If you wish to return as an active patient, all financial obligations must be paid in full. This includes your balance, collections fees, attorney fees, and court costs. You must pay for any future appointments at the time of service.

### Refunds

Refunds will be issued at the patients request within 7-10 business days.

### Returned Checks

All checks returned for non-sufficient funds will be charged a \$35.00 fee and applied to your account.

### Medical Record Copies

Requests for medical records will be honored within 7-10 business days. There may be a cost-based fee for the copying and releasing medical records.

### No Show/Cancellations

If you are unable to keep a scheduled appointment, you must notify our office at least 24 hours before the appointment. Appointments cancelled after this time frame may be subject to a **\$25.00 "no-show" fee** and a **\$50.00 fee** if the missed appointment was scheduled for testing or procedures. **After five no-shows or canceled appointments, we can only schedule another appointment with your provider's approval. We appreciate you as a patient, and your cooperation in complying with this policy will assist us in providing the best access to care for all our patients.**

I have read and understood this Financial Policy, and by signing, I agree to and accept all terms and conditions described above.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date