

ASTHMA & ALLERGY ASSOCIATES, PC FINANCIAL POLICY AND PATIENT AGREEMENT

The following is the financial policy of the practice of Asthma & Allergy Assoc., which we require that you read and sign prior to treatment.

Your portion of the payment is due at time of service. Acceptable forms of payment are cash, personal check, money order and credit card (MasterCard, Visa and Discover for amounts greater than \$5.00 only). Payment not made at the time of service is considered past due when the patient leaves the facility.

Regarding insurance, the patient must recognize that he/she is responsible to pay the full amount for all services unless the Practice has an agreement with the patient's insurance carrier for alternative payments. As a courtesy to patients, the Practice will file insurance claims with all standard carriers. The patient is responsible to make available to the Practice complete insurance information for accurate filing of claims. Insurance information includes 1.) referrals from primary care providers and other providers for primary and secondary insurance coverage, and 2.) all identification and benefits cards and documents. The patient agrees that if the insurance company denies benefits for any reason, or if no payment is received from the insurance carrier within 45 days, then the patient is responsible for the full amount of the bill immediately.

The Practice's policy on accepting insurance payments varies based on the type of insurance as follows:

- **Indemnity-type Insurance.** Insurance payments received by the Practice will be applied to the patient's account and the patient agrees to pay the balance. We will estimate the patient-responsible portion of the bill at time of service, and payment of that amount is expected at the time of service. Co-payments are due at the time of service and are collected before service is provided.
- **HMO's and PPO's.** If the Practice has an agreement with the patient's insurance carrier, we will accept payment for the carrier for services covered by the patient's benefit plan. Co-payments are due at the time of service and are collected before service is provided. For services not covered by the patient's benefit plan, payment is due at the time of service.

By this agreement, the patient also authorizes the exchange of information relating to care and claims with the patient's insurance company(s), and authorizes insurance payments to be made directly to the Practice for services provided under the patient's insurance agreement and otherwise payable to the patient.

The patient understands that delinquent accounts are subject to finance charges, rebilling charges, collection fees, and/or administrative fees, and that special financial arrangements can only be made with an addendum to this document.

PATIENT AGREEMENT: I have read and understand the financial Policy above and agree to the terms.

Patient or Legal Guardian's Signature

Patient's Printed Name

Date

Patient's Birthdate