

CENTER FOR ALLERGY AND ASTHMA CARE
250 Cetronia Road, Ste 103
Allentown, PA 18104
610-841-3890

Office/Financial Policy Agreement

Thank you for choosing Center for Allergy and Asthma Care for your medical care. We are committed to providing you with quality, personal health care, and appreciate your commitment to adhere to the Office/Financial Policy Agreement. By understanding our policy, we can provide you with the best service. Agreement with this policy is required for all medical care.

Except as indicated below, payment is required at the time services are provided unless other arrangements have been made in advance. We accept cash, personal in-state checks, VISA, MasterCard, and Discover. There is a \$20.00 service charge for returned checks.

OFFICE HOURS (By Appointment Only):

- Monday, Tuesday and Thursday: 7:30 am to 6:30 pm
- Wednesday 8:00 am to 4:30 pm
- Closed Fridays

ALLERGY INJECTION HOURS:

- Monday 12:00 pm to 6:30 pm
- Tuesday 8:30 am to 11:30 am & 1:00 pm to 4:45 pm
- Thursday 8:00 am to 11:30 am & 1:00 pm to 6:30 pm

(Please note you do not need to schedule an appointment to come in for an allergy injection unless you do not routinely receive your injections in our office and are in need of a new vial of extract. If that is the case, please call two weeks in advance so the vial can be prepared)

*****In the case of inclement weather, always call the office before coming in for your appointment to be sure that we are open for business*****

As a courtesy to other patients, we request you arrive on time. If you arrive more than 15 minutes late, you may be asked to reschedule. For after hours/weekend emergencies, please call the office first. A message will guide you to the Doctor on call.

- **INSURANCE:** We participate with most major and commercial insurance companies. If we do not participate with your plan, payment in full is required at the time of service, unless other arrangements have been made in advance. Knowing your insurance benefits, including eligibility, covered benefits, and medically necessary procedures is your responsibility; please contact customer services at your insurance company for questions you may have regarding your coverage. **You are responsible for any charges not covered by your plan.**
- **Proof of Insurance.** All patients must complete/and or update their patient information at each office visit and notify us of any changes in insurance coverage prior to the time of service. You must furnish valid up-to-date proof of insurance coverage so that your insurance card can be scanned into our system. If you provide false or expired insurance information you will be

responsible for the balance of the claim. Insurance denials for termination of coverage will be automatically billed to you.

- **Co-Payments and deductibles.** All co-payments must be paid at the time of service. By contractual law your insurance company requires us to charge for, and you to pay for, all required co-payments, co-insurances, deductible and non-covered services.
- **Claim submission.** We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid on the claim as well.
- **Referrals.** If you have a managed care plan that requires approval or authorization for referrals to a specialist, radiological imaging, medical facility, etc., it is your responsibility to inform the office of this requirement prior to your visit. It is also your responsibility to obtain the referral from your primary care physician.

OUT-OF-NETWORK CARE/SELF PAY: Please be aware that you have an option to seek care from Physicians even though they are not participating in your network. In this situation, your out-of-pocket expense will be greater. As a courtesy we will file your insurance claim if desired.

ADMINISTRATIVE SERVICES, CHARGES AND PATIENT RESPONSIBILITIES: *Due to the continued decline in reimbursements from insurance companies and their failure to pay for the following services, we are no longer able to absorb the cost of these services. Therefore, the following administrative services will be billed directly to you with payment being your responsibility.* Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in the area.

- **Missed appointments.** Broken appointments represent not only a cost to us, but also an inability to provide services to others who could have been seen in the time set aside for you. We require 24 hour notice of cancellation to avoid a \$100.00 cancellation fee for a new patient appointment and \$50.00 for a Follow-up appointment. We will call in advance to remind you of your appointment, but it is your responsibility to remember your appointment.
- **Form completion.** There is a \$10.00 fee for the completion of any form.
- **Telephone Consultations / After hour calls.** Telephone consultations/after hours calls for medical advice/treatment may be subject to a \$30.00 fee that is billed directly to you.

Requests for medical records. In accordance with the law a written request for the release of medical records is necessary.

I have read, understand and agree to comply with the terms of your Office/Financial Policy.

Patient Name

Patient Signature (Or Parent Signature if minor)

Date