



ALLERGY ASTHMA CARE FINANCIAL POLICY

Dr. Blumenthal, Dr. Vitalpur, and staff are committed to providing you and your family with quality medical care. We are here to answer any questions that you have and to provide for any special needs or concerns. This **Allergy Asthma Care Financial Policy** clearly outlines patient and practice financial responsibilities. It has been created to avoid any misunderstanding or disagreement concerning payment for professional services provided by the Allergy Asthma physicians and staff.

1. The Allergy Asthma physicians and staff participate in many insurance plans and managed health care programs. Our office will submit a claim for services rendered for patients participating in those plans for which the doctors and staff are providers. It is your responsibility to:
 - a) Provide our office with accurate and complete insurance information.
 - b) Bring your insurance card to every office visit.
 - c) Be prepared to pay any cop-pay, coinsurance and/or deductible at each office visit.
 - d) Make payment, in full, at the time of the visit, for medical care or office procedures that are not covered by your insurance plan.
2. If you have insurance for which the doctors and staff are not a participating provider, our office will gladly file your claim upon request. Payment for the office visit and any procedures performed is expected, in full, at the time that services are rendered.
3. Patients that do not have insurance are expected to pay for all professional services provided at the time that services are rendered.
4. If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us of this prior to your office visit.
5. It is your responsibility to bring any referrals required by your insurance company on the day of, or prior to, your office visit or surgical procedure. If you do not have the required referral, your visit or procedure may be rescheduled or you may be held financially responsible.
6. If the patient is a minor (18 years old or younger), the patient's parent or guardian is financially responsible for any payments due at the time of service. Non-emergency treatment will be denied for minors not accompanied by a parent or guardian. The parent or guardian is responsible for providing complete and accurate insurance information and for bringing the necessary referrals.
7. An account statement will be sent to you after payment has been received from your insurance company or managed care health plan indicating any unpaid balance. You are expected to pay any unpaid account balance at that time. Upon default of your account, you agree to pay any unpaid balance, along with all costs of collection, including reasonable attorney fees.
8. If you have questions about your insurance, we are happy to be of assistance. Specific coverage issues, however, should be directed to your insurance company.

The Allergy Asthma physicians and staff firmly believe that a good patient-physician relationship requires understanding and good communication. Please sign below indicating that you have read, understand, and agree to this Allergy Asthma Care Financial Policy.

Signature of Patient or Responsible Party

Date

Witness

Date