ARCADIA Allergy & Asthma

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OFFICE FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. A copy of your current insurance card and verification of your address is required at **every visit**. You are responsible for ensuring your address and insurance on file are correct. You are responsible for any unpaid balances or fees that arise if this information is not updated.
2. As outlined by your insurance plan, you are responsible for all co-payments, deductibles, and coinsurances. Payment of co-pays and deductibles is due at time of service based on benefit information provided to us by your insurance company. If you are unable to pay your co-payment and any other patient responsibility at time of service, you will be asked to reschedule.
3. We will submit to your secondary insurance, as a courtesy to you. If the secondary does not cover the balance owed from the primary insurance, you are responsible for any balance on the account.
4. It is your responsibility to understand your insurance benefit plan, and to know if a written referral or authorization is required to see specialists. Often a preauthorization is required prior for procedures. **We strongly urge** you to contact your insurance company prior to your appointment for detailed benefit coverage, policy limitations, and non-covered services.
5. If our physicians do not participate in your insurance plan, payment in full for your visit is due at the time of your visit.
6. If you don't have insurance, payment in full for your office visit is due at the time of the visit.
7. Missed appointments not only impact you, but other patients waiting to be seen. If you are unable to keep your appointment, we require 24 hours notice to cancel so we can open this time up for other patients to schedule. If you do not call within the 24 hours you are subject to a $50.00 fee. A second missed New Patient appointment will be subject to a $100.00 fee.
8. If payment arrangements have not been made with our billing department prior, patients with outstanding balances over 60 days will not be scheduled for appointments and will not be provided refills until balance is paid in full or payment plan has been set up with our billing department.
9. If payment arrangements have not been made with our billing department prior, any balance over 90 days is subject to being placed with our collection agency. An additional fee of 25% of the outstanding balance will be applied to all balances placed with our collection agency.
10. A $25.00 fee will be charged for any checks returned, along with any bank fees incurred.
11. If you are requesting a copy of Medical Records, there will be a .50 cent per page fee.
12. Should you have forms that need to be completed and signed by the Physician or staff you may be subject to a $25.00 fee.

I have read and understand **Arcadia Allergy & Asthma** Financial Policy and agree to comply and accept responsibility for any payment that becomes due as outlined previously.

Patient Name(s) ____ DOB_________________________

Responsible party member's name______________________________________ Relationship__________________

Responsible party member's signature____________________________________ Date________________________