

WESTSIDE ALLERGY CARE FINANCIAL PAYMENT POLICY



**Please review this document prior to your Office appointment.
You will be asked to sign document via signature
pad when you arrive.**

The Patient Financial Payment Policy has been developed to help our patients understand their financial responsibilities related to their healthcare and to answer any questions regarding patient and insurance responsibility. If there are any questions regarding your health care benefits, you should contact your health plan with the phone number located on your insurance card. *Not all services are covered by all contracts.*

We will keep a copy of your current insurance identification card(s) in your medical chart. You are responsible to notify us of any changes to your health plan coverage.

We accept cash, check or credit card for any payments required below. If there is any financial hardship and you are unable to make payments at the time of service, we will discuss payment options available to you.

Copayments: *Copayments must be paid at the time of service.* There may be an additional copayment when multiple services are rendered at the same visit, which will be billed after your insurance determines that additional copayment is due. **If copayment is not received at the time of service, a \$10.00 billing fee will be assessed, unless other arrangements have been made in advance.** *Expect to make a payment for each Allergy and Patch testing visit. See the receptionist for the proper codes to verify all your insurance coverage issues.*

Deductible Plans: All deductibles must be paid at the time of service. Patients should contact their insurance provider to verify deductible amount still owed by the patient. We may attempt to electronically verify the current deductible amount with your health plan. **Payment in full or a minimum payment of \$100.00 is requested at time of service.** If we are unable to verify you have met your deductible; you will be billed for the balance after the insurance is processed. *Expect to make a payment for each Allergy and Patch testing visit. See receptionist for the proper codes to verify all your insurance coverage issues.*

Self-Pay Accounts/Un-insured: You are responsible for full payment at the time of service.

Collection Process: A \$5 per month billing charge will be added to all balances not paid within 2 billing cycles. All past due accounts of 120 days or more, will be turned over to a collection agency. The additional fees associated with the collection agency will be the responsibility of the patient.

Workers Compensation: We do not accept patients for services covered under Workers Compensation.

Missed Appointments: Please call us at least 24 hours before your appointment time if you need to reschedule or cancel an appointment. **A \$25.00 charge may be applied for any missed appointments or procedure appointments, for costs incurred by the practice for time and materials expended.** This cannot be billed to your insurance carrier. You are responsible for any charges for missed appointments.

Returned Check Charges: There will be a \$35.00 charge for any checks returned to us.

Referrals If your benefits require referrals, it is your responsibility to make the office aware of this and verify that the referral is in place prior to the visit or you will be responsible for the cost of the visit.

Assignment of Benefits: By signing this financial policy agreement, you agree to assign all medical benefits provided by Medicare, private insurance and any other health/medical plan to Westside Allergy Care for payment of medical services rendered to you and/or your dependents. You agree to pay the difference, if any, for services not covered by your health plan(s).

Payment in full due at time of service.