



## *FINANCIAL POLICY*

Thank you for choosing Allergy & Asthma Care of Blakeney (AACB) as your allergy and asthma healthcare provider. We are pleased to have the opportunity to serve you and are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy:

### *Insurance*

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Allergy and asthma testing, treatment and immunotherapy are unique services and may not be covered under your healthcare plan. It is your responsibility to familiarize yourself with your benefits plan and be prepared to pay for non-covered services, co-pays, and deductibles. **All co-pays, co-insurance, and deductibles are due at the time of service.**

It is your responsibility, per your insurance contract, to provide AACB with a copy of your most recent insurance card at the time of each visit.

If you are on an immunotherapy program and receive an injection the same day as an office visit most insurance companies will not pay for the office visit and you will be 100% responsible for the cost.

### *Self-Pay Patients*

If you are a self-pay patient you are 100% responsible for all charges associated with your treatment. You will be expected to make payment in full at the time of service.

### *Outstanding Obligations*

You may be required to settle all outstanding financial obligations before new appointments will be scheduled. AACB also reserves the right to discharge a patient from the practice for non-payment for services.

### *Missed Appointments*

Unless canceled at least 24 hours in advance, our policy is to charge \$25.00 for missed appointments. Insurance plans will not pay for this charge, so please help us serve you and our other patients better by keeping, or canceling in advance, scheduled appointments.

**Minor Patients**

The adult accompanying a minor and the parents or legal guardian are responsible for any patient due balances at the time of service. Treatment will be denied to an unaccompanied minor unless charges have been pre-authorized to an approved credit card or payment in cash is received at time of service. Adults, other than the parents or guardian, accompanying a minor must provide written approval, or have on file a signed "Authorization for Treatment of a Minor Absence of Parent" document before the minor will be seen.

**Rebilling Fee**

AACB reserves the right to charge a \$10.00 fee for past due patient obligations requiring rebilling.

**Forms Completion Fee**

AACB will complete school and other required forms presented at the time of an office visit at no charge. There will be a \$15.00 fee to process any form or request not presented during an office visit. The patient should allow 5-7 business days to process these requests.

I acknowledge that I have read and agree to abide by these Financial Policies.

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Signature of Patient or Responsible Party

Date