



SOUTHWEST ALLERGY & ASTHMA CENTER, P.A.

ADULT AND PEDIATRIC ALLERGY

Financial Policy

Thank you for choosing S W Allergy & Asthma as your health care provider. We are committed to providing you the best available medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time.

We ask that all patients read and sign our financial policy as well as complete our Patient Information form prior to seeing the physician. Payments for services are due at the time services are rendered. We accept cash, check, Visa, and MasterCard. We will be happy to help you process your insurance claim for your reimbursement.

In special instances, we may accept assignment of insurance benefits. However, you must understand that:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and “usual and customary” charges.

We are however, contracted with certain managed card and preferred provider plans. We will follow the guidelines for patient care, reimbursement and submission of claims for services rendered. Any contractual provider discounts will be deducted from your balance.

2. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services, along with unpaid deductibles and co-payments are due at the end of treatment.
4. If your insurance company does not pay your claim within 30 days, it is your responsibility to contact your insurer to expedite payment. After all, if your insurance does not pay, you are responsible for payment.
5. If your insurance company does not pay in full within 45 days, we require you to pay the balance by cash, check, Visa or MasterCard.
6. Returned checks and balances older than 45 days may be subject to collection placement, and collection fees.

Please note that, if you must cancel or reschedule your appointment, all cancellations must be made at least 24 hours in advance. If you fail to cancel your appointment, you may be charge at the rate of a normal office visit.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to us, so that we may assist you in management of your account.

Again, thank you for choosing S W Allergy & Asthma as your health care provider. We appreciate your trust in use and we appreciate the opportunity to server you.

Patient's Signature _____ Date _____