



**N. J. Amar, M.D.**

Board Certified in Allergy & Immunology and Pediatrics

**Ephraim Thaller, M.D.**

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**Neil Amar, M.D.**

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## ALLERGY & ASTHMA CENTER FINANCIAL POLICY

Thank you for choosing ALLERGY & ASTHMA CENTER, PA as your healthcare provider. We are committed to being a patient centered practice and to afford you the best possible treatment in our clinic. We feel communication is important; therefore, we are furnishing you a summary of our financial policy in order to serve your medical needs in a timely, professional and business like manner.

It is important that you read this policy summary carefully and understand your financial obligation.

Our purpose is to explain how we will handle your account so that you can make an informed decision about your medical treatment options and the cost of those treatment options. If you do not understand our policy, please ask and we will be available to explain the policy to you

First, if you have medical insurance, your insurance is a contract between you, your employer, and your insurance company. Our physicians provide a service to you and are not an involved party in the contract you and your employer signed with the insurance company. Insurance reimbursement can be a long and difficult process to understand. In fact, insurers will routinely stall, deny, and reduce payments. We have no control over your insurance companies' reimbursement policies. Should these problems occur we will look to you for timely payment of your account because you are responsible for the prompt payment of services.

In addition, you are responsible for providing us with a current copy of your insurance card each time you visit our office. In the event you do not provide the appropriate insurance within the timely manner set by your insurance carrier, ALLERGY & ASTHMA CENTER, PA will submit a claim to the insurance company; however, your insurance company will not pay for the service. Upon receiving the denial from your insurance carrier, we will send you a statement that will indicate you are responsible for paying the total charges. Please keep in mind we have no way of knowing if your insurance changes unless you tell us. In the event you provided the appropriate insurance information in a timely manner, there should be no problem having the claim filed and your insurance paying accordingly. If you have health insurance and your company does not pay for the service, you are responsible for payment at the time of the visit.

ALLERGY & ASTHMA CENTER, PA will file with your insurance company as a courtesy to you and will absorb all costs incurred for billing. This does not mean that we are **only** accepting what your insurance company pays or that payment will not be required in advance of services. You will be asked to pay that portion which your insurance company says is your responsibility, including any deductible, copayment or coinsurance.

We will not get involved in any disputes you may have with your insurance carrier concerning payment of your claim; however, we will assist in providing medical documentation to the carrier on your behalf. We will expect your prompt



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payment of the account during the appeal process. Any money due you as a result of the appeal process will be refunded to you in a timely manner.

We ask that your calendar year deductible be paid at the time of service. In some instances we may ask that the deductible be paid prior to seeing the physician. For those patients with high deductibles we can assist you by offering a convenient **CareCredit** no interest patient payment option plan should you qualify. Talk to our front office or insurance department staff for details.

Our front office or insurance department staff will discuss the cost of your treatment options with you at the time of your visit. Your initial office visit with ALLERGY & ASTHMA CENTER, PA can range from \$75.00 to \$350.00 depending on the severity of the problem(s). In addition, if testing is required there will be an additional charge, which could range from \$450.00 to \$600.00 or higher for special testing ordered, depending on your medical condition. Antigen can be expensive to make.

We can give you an **estimate** of what your insurance will pay; however, we **strongly suggest** you contact your insurance company to verify your part of the expense. We cannot be held responsible for the difference between the estimates we are given by your insurance company and the final payment of the claim. Again, we offer **CareCredit** to our patients as a no interest payment option to assist you with the charges. Our staff can assist you to see if you qualify.

\_\_\_\_\_ (*Initial here*) I do not have insurance coverage. I understand payment is due at time of service unless prior arrangements have been made.

**PLANS IN WHICH WE ARE PARTICIPATING PROVIDERS:**

Please **initial** next to your category of insurance listed below, as this will help us speed up payment and eliminate any confusion in the future. Thank you.

\_\_\_\_\_ **HMO Plans:** All co-pays must be satisfied each and every visit. There can be no exceptions due to contracting and uniform compliance rules. You are responsible for getting proper referral information in advance of your appointment. If there is no referral we will give you the option of re-scheduling the visit to another date or time when a referral is provided or pay for the physician services at the time of visit at our current fee schedule rate.

\_\_\_\_\_ **PPO Plans:** We have agreed to accept the discounted rate from your plan; however, all co-pays and co-insurance is your responsibility. We will estimate balances to the best of our ability but we strongly suggest you call your PPO plan to confirm payment plan requirements so there is no confusion. Since the balances are estimates only, we recommend **EASY PAY**. After your insurance has cleared, you may leave the balance on your card; you can send a check or qualify for **CareCredit** (no interest payment option). Please indicate your preference.



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- \_\_\_\_\_ Transfer my balance to my credit card
- \_\_\_\_\_ Call first, I might want to send a check
- \_\_\_\_\_ Provide me with information about **CareCredit**

\_\_\_\_\_ **Medicare Part B Plan:** Our physicians are participating physicians in the Medicare Part B program. You will not be responsible for any charges above the Medicare Limiting Charge for participating physicians. We will file Medicare Part B for you as a courtesy. We will require that your calendar year deductible and the 20% Medicare Part B **does not** pay, must be paid at the time of service. We recommend **EASY PAY** for your deductible and 20% payment. Immunizations and laboratory services will be billed directly to Medicare Part B and you will not be responsible for these services unless Medicare says the charges are the patient's responsibility. We will include the appropriate claim filing number(s) so Medicare Part B can "cross over" the remaining balance to your Medigap or supplemental carrier for payment. We will ask for payment of services provided and not covered under Medicare Part B program when the service is provided. You will be asked to sign a Medicare waiver form stating you agree to pay for the service prior to receipt of the service.

\_\_\_\_\_ **Medicaid Program:** Medicaid patients are required under the rules of the Texas Department of Health/Medicaid program to bring a copy of their current monthly Medicaid letter confirming eligibility and the primary care physician to each office visit. This is a Medicaid mandate and without this letter/information, we retain the option of rescheduling the appointment.

\_\_\_\_\_ **Chip Superior/Molina Healthcare Plans:** All co-pays must be satisfied each and every visit. There can be no exceptions due to contracting and uniform compliance rules. You are responsible for getting proper referral information in advance of your appointment. If there is no referral we will give you the option of re-scheduling the visit to another date or time when a referral is provided or pay for the physician services at the time of visit at our current fee schedule rate.

Statements are mailed monthly in order that you will know the status of your account with us. It is our policy to transfer the balance to your account for payment if your insurance company does not pay within 45 days. Full payment is due upon receipt of the statement. Our policy is to forward accounts that are 90 days past due from the date of service to a collection agency and you will be responsible for any collection fees and late charges accrued. We strongly recommend that you keep in touch with your insurance carrier to make sure claims are paid in a timely manner and your account be kept current to prevent transfer to collection.

If you have questions about our policy, please ask prior to signing.

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*