

### Financial Policy

Money problems seem to cause many misunderstandings between medical offices and patients. In this office we encourage frank discussions of our office charges and want you to feel free to discuss your financial questions with us. Following are our practice policies.

- ❖ An insurance card showing the patient's current coverage must be presented at each visit.
- ❖ Please notify us of any changes to your address, phone number or insurance information.
- ❖ Allergy evaluations and treatments are covered by many medical insurance policies. Please check to see if your insurance company/plan is one which Dr. Asman participates with.
- ❖ If your insurance company requires a referral from your primary care physician, and this is not provided on the date of service, you will be financially responsible for these charges.
- ❖ Your insurance is a contract between you/your employer/the insurance company, or an individual contract you purchased directly through the insurance company or market place. Check with your insurance company and/or employer to determine the amount and specifications of your policy's coverage (i.e. your deductible, any coinsurance percentages, and/or copays. Covered charges may still mean an amount you have to pay before the insurance company pays). The responsibility for payment of these charges is your obligation. This office does not know your individual insurance contract or your financial responsibilities.
- ❖ Copays are collected at the completion of your visit.
- ❖ After your claim has been processed by your insurance company. A statement of your responsibility will be sent to you and expected to be paid in a timely manner. We accept cash, personal checks, debit, HAS cards, VISA, Master Card, Discover and American Express cards.
- ❖ If you do not have health insurance coverage or don't provide proof of coverage, payment in full will be due at the time of the appointment.
- ❖ If we have not had a response from your insurance company within 90 days of the initial claim submission, the balance will transfer to become your responsibility.
- ❖ We will attempt to adapt these policies to your special circumstances. This requires communication between you and our office. If applicable, you will receive monthly statements from our office. If there is no contact from you regarding your financial situation and account balance or no payment activity on the account for over 90 days, the services of a collection agency may become involved (this includes contact via landline and/or cell phone and mail).

#### Insurance Assignment Statement:

I authorize payment of medical benefits to Doctor Barry Asman/Allergy & Asthma Care Center, for medical services provided. I also authorize Doctor Asman/Allergy & Asthma Care Center to release to my insurance carrier any information needed to determine the benefits payable for related services. I request that payment of authorized medical benefits be made on my behalf to Doctor Asman/Allergy & Asthma Care Center for any services furnished to me by them.

I have read and understand the above.

Signed \_\_\_\_\_ Date \_\_\_\_\_ rev6/18