
Welcome to Allergy Asthma Clinic, Ltd. We are dedicated to providing you with the best possible care and service. We regard your understanding of our financial policies as an essential element of your care. The information below was designed to provide our patients with a detailed explanation of our billing and financial policies.

Identification: For the protection of our patients, in order to reduce medical identity theft, all patients are required to present valid insurance card and driver's license at every visit. If a driver's license is unavailable, a valid photo ID must be presented. It is also the patient's responsibility to make sure that our office has their updated address, phone and email information.

Proof of Insurance: Patients are responsible for providing Allergy Asthma Clinic with the correct insurance information at each visit. If you fail to do so, you might be responsible for payment for all services provided.

Your health insurance contract is between you and your insurance company. Knowing your insurance benefits is your responsibility. Our billing company will verify your benefits, as a courtesy, however the verification is not a guarantee of payment. Insurance carriers have the final say regarding all coverage decisions. Please, contact your insurance company if you have any questions or concerns.

Referrals/Authorizations: If your insurance requires a referral, please make sure this has been called into your primary care physician. If a referral is required and we do not have this information on the date of your visit, your appointment may need to be rescheduled.

Forms Completion. Completion of forms for insurance purposes, such as application for insurance coverage, disability or FMLA leave requires setting up an appointment with a provider.

Payment policies:

- **Insured Patients.** All copays must be paid at the time of service. You are also required to pay your deductible or set up a payment plan with our billing department prior to your visit. Our billing department number is 602 277 3525. If you decide to refrain from inquiring with the billing department about the cost of services prior to your appointment, it is understood that you have no concerns/issues with the out-of-pocket cost involved.

If you're unable to pay your copay at the time of service, your appointment may be rescheduled.

Any questions regarding billing must be directed to the billing department. Please, do not ask other staff members (front desk staff, nurses, physicians, etc.) regarding the billing of your services. Information provided from sources outside the billing department is not applicable.

- **Non-Insured Patients/Self-Pay Patients.** Allergy Asthma Clinic requires full payment at the time of service unless prior arrangements have been made with our billing department. Our billing department number is 602 277 3525.
A 25% discount is offered for payment in full on the date of the visit.

- **Non-Covered Services.** Patients are responsible for services deemed non-covered by their insurance carrier and full payment is required at the time of service.
- **Balances outstanding.** Patient balances after insurance payments must be paid in full within 60 days of the first statement.
- **Outside collections.** Balances that remain unpaid after 90 days, with no payment arrangement, are considered delinquent and subject to debt collection. If you are unable to remit the entire balance due within this 90-day period, please call our billing department at 602 277 3525 to arrange a payment plan. Failure to contact us and setting up a payment plan may result in your account being turned over to an outside collection agency. At that time a fee equal to 30% of the delinquent amount will be assessed to your balance. Non-payment of account balance may result in the severing of the patient/doctor professional relationship.
Delinquent balances must be paid prior to new services being rendered.
- **Bankruptcy.** If an account is uncollectable due to bankruptcy, future services must be paid in full at the time of service.
- **Missed or Canceled Appointments.** Any missed appointment or rescheduled within 24 hours of the check-in time will result in a \$40 deposit for any future appointment scheduled. The deposit is non-refundable.
- **Financial Responsibility for Minor Children of Separated or Divorced Parent.** Allergy Asthma Clinic Ltd. will not be a party to separation/divorce billing disputes. The parent or legal guardian, who requests and consents to the treatment of a child, will be responsible for the payment of services rendered.
- **Immunotherapy Balances** (Applies to patients receiving allergy injections). Any unpaid balance must be paid in full prior to the renewal of your next 6-month supply of Extract.

CREDIT CARD ON FILE POLICY

To streamline our payment system and provide a seamless, convenient way for patients to pay their bills, Allergy Asthma Clinic Ltd. (AAC) requires all patients keep an active credit card on file with us.

Here's how it works:

1. To keep your information safe and secure, we are working with Instamed, an off-site, HIPAA-compliant, third-party company that securely stores and processes credit card, debit card, or health insurance card information. For your protection, only the last 4 digits of your credit card are visible to our staff. Instamed has been our partner in credit card processing since 2021. Many patients have already participated in our "Credit card on file" program on voluntary basis during that time.
2. When you come in for your appointment or allergy injection, we will simply swipe your card into Instamed software. It will be on file for future use or to pay off any outstanding balances.
3. Once your claim is submitted and processed by your insurance company, an Explanation of Benefits (EOB) will be mailed by them to both you and our office showing what your total patient responsibility is. **Typically, patients receive their EOBs before we do, so if you disagree with the patient amount owed, it is your responsibility to contact your insurance carrier immediately.**
4. Our practice will charge your card for any balances your insurance company determines as patient responsibility (deductible, copay, co-insurance, etc). We also reserve the right to charge it for any balances stemming from missed appointments or shipping serum if applicable. If we have your email on file, a payment receipt will be emailed to you. Pre-verified balances are due on the day of service.
5. It is your responsibility to ensure that the card we have on file is not expired or cancelled and has an appropriate amount of available credit. Please call our office immediately if you need to update your credit card information.

Rest assured, this program in no way hinders your ability to dispute a charge or question your insurance company about their determination of payment. And any amount credited to your account will be refunded to the card on file.

I authorize AAC to capture my credit card information and to charge it as payment for any balance put into the patient's responsibility because of my insurance plan's deductible, co-insurance or co-payment. I certify that I am an authorized user of this credit card, and I agree that this form is valid until I give a 30-day written notice to cancel the authorization to AAC, Attn: Billing Dept., 300 W Clarendon Ave #120 Phoenix, AZ 85013

Patient Name: _____

Cardholder Name: _____ Last 4 digits of Credit Card: _____

CVV Code: _____ Billing Zip Code: _____ Expiration date: _____

Billing Address: _____

Cardholder Signature: _____

Date: _____