

Payment Policy

Thank you for choosing us as your specialty provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. *A copy will be provided to you upon request.*

Insurance: We participate in most insurance plans, including Medicare and Medicaid. If you are not insured by a plan we do business with, payment in full is required at each visit. If you are insured with a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-Payments and Deductibles: All co-payments, deductibles and any balance due must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. Please be advised that we will charge a \$25 fee for returned checks.

Insurance Referrals: Please be advised that if your insurance company requires a referral from your primary care physician, it is your responsibility to make sure that the referral is in place prior to being seen. If Allergy and Immunology Associates of New England does not have a current referral from your insurance company, you will be required to sign a waiver making you financially responsible for services rendered.

Non-covered services: Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

Proof of Insurance: All patients must complete our patient information form before seeing your provider. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission: We will submit your claim and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Non-payment: If your account is over 90 days past due, you will receive a letter stating you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our provider will only be able to treat you on an emergency basis.

Divorce: In case of divorce or separation, the patient is responsible for payment of the account. If the divorce decree requires the other party to pay all or part of the treatment costs or to carry insurance for the patient, we will file the insurance if the information is provided to us. However, it is the responsibility of the patient to pay all balances due and to collect unpaid amounts from the other party.

Minor Children of Divorced Parents: After a divorce or separation, both parents are responsible for our charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. It is also the responsibility of the authorizing parent to provide accurate billing and employment information for the responsible parent.

Our practice is committed to provide the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Patient Name

Patient/Guardian Signature

Date