

Asthma & Allergy Institute of Michigan

Financial Policy

Thank you for choosing our office. As your allergy & asthma specialist, we are committed to providing you with quality care. We do, however, need your assistance and your understanding of your payment policy. Your insurance contract is between you, your employer and the insurance company. All services may not be covered by your insurance. In order to reduce confusion and misunderstanding, we have adopted the following financial policy.

Basic Financial Policies:

1. Co-pays are due at the time of service.
2. We accept cash, personal checks, Visa, MasterCard, Discover and American Express.
3. All balances must be paid before future appointments can be made unless prior arrangements have been made with the billing department. A \$5 late fee will be charged each month on any unpaid balance.
4. Balances past 90 days may be turned over to an outside collection agency. We encourage you to contact us immediately for assistance in the management of your account. We are here to help you and will be happy to answer any questions you may have regarding your treatment or insurance coverage.
5. In order to provide the best access for our patients, we require 24 hours' notice for cancellations. Adequate notice allows us to provide the best possible access for sick calls and patients that need immediate care. Failure to provide 24 hours' notice may result in a \$25 fee.
6. NSF checks will require complete payment in cash or certified funds for the amount of the check plus a \$25 fee for the NSF check.
7. Patient/guarantor credits in amounts less than \$10.00 will be retained on account to be credited toward the future balances unless a written request for refund is received.
8. *Child Custody Cases*: The patient/guardian with primary custody is responsible for payment of copays & deductibles at registration. If divorce decree states medical expenses are shared, the custodial parent/guardian will still be billed for the full amount and is responsible for obtaining their own reimbursement of the shared expense from the non-custodial parent.

Insurance Policies:

1. Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you. If your insurance company does not pay the practice within 60 days from the date-of-services, we may look to you for payment in full. We strongly suggest you monitor your account with us by closely following the balance as it ages beyond 30 days at which time we recommend calling your insurance carrier and request a "claim status report".

2. Our office participates with most insurance companies. We will bill those plans which we have an agreement with and only require you to pay the office visit copay at the time of service.
3. If you have insurance coverage with a plan that we do not participate with, we will as a courtesy, prepare and send the claim for you. However, any remaining balance will be billed to you once we have received a remittance from your insurance carrier.
4. All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered"; you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
5. If you receive payment from your insurance carrier when the payment should have come directly to our office, you are to mail or bring the check and explanation of benefits into this office.
6. It is your responsibility to understand your healthcare benefit coverage. If you are unsure of your benefit coverage, we encourage you to contact your health insurance prior to your appointment as ultimately you will be responsible for unpaid balances by your insurance carrier.

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read the above Patient Financial Policy and have provided the practice with true and correct insurance information and I agree to notify you of any changes in my health insurance coverage.