



Allergy & Rheumatology Associates, LLC

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Financial Policy

We are pleased to serve you as your health care provider and are committed to your health needs. Please review our Financial Business Policy carefully, and sign all areas below.

_____ All payments are due at the Time of Service:

Initial The office collects payments at the time of service. It is your responsibility to know your insurance policy rules regarding deductibles, co-payments and the portion of your visit for which you will be responsible. You are urged to plan your finances in such a way to be prepared to pay the portion of the visit for which you will be responsible.

_____ Regarding Insurances:

Initial For insurances that we are participating providers, all co-payments and deductibles are due prior to treatment. If your insurance coverage changes to a plan where we are not a participating provider, we will charge as non-participating providers, with deductibles and balance due.

_____ Accuracy of information

Initial We cannot bill your insurance company unless you give us clear and accurate insurance information. Your insurance policy is an agreement between your insurance and you. If you have new insurance, change plans, get updated cards, change ID numbers, suffix's address's etc you must provide the office with all the accurate information within 30 days of your visit for your insurance to be billed accurately within the limited time allowed by the insurance plan. If the information is provided after 30 days you will be responsible for any visits that may have occurred.

If your insurance company has not paid an office visit within 60 days the balance will be automatically transferred to your account.

It is the patient's responsibility to inform our office of all insurance company address or information changes in order to prevent billing errors, denials or delays.

_____ Statements:

Initial If you have a balance owed you will receive a statement. If payment is not received within 30 days a second statement will be mailed out with accrued lat charges. We use a company that charges us for billing statements and these costs will be transferred to you. You can review your insurance EOB (explanation of benefits) showing any patient responsibility for further clarification and details. Consider that eob your first statement.

_____ Minor Patients or Legal Guardians:

Initial The adult of a minor or legal guardian is responsible for full payment of co-payments, co-insurance, and or deductibles at the time of service. Minors not accompanied by an adult may be denied treatment.

_____ Divorced Parents of Minors or Custody cases:

Initial The adult accompanying a minor patient to our office for a visit is responsible to bring payment. Arrangements for court orders of legal payment arrangements among parents are private to you and our office is not party to the arrangements. Thus payments for services rendered are due on the day of that service.

_____ Missed Appointments:

Initial Unless cancelled **AT LEAST 24 HOURS IN ADVANCE** our policy is to charge the person for whom the appointment was made. We charge **\$65.00** for a missed appointment, which is a modest fee, compared to other specialty practices. Please help us to serve our patients better by keeping scheduled appointments. The appointment card is your confirmed appointment. The phone call reminder the night before is a simple courtesy reminder. We reserve the right to dismiss patients that miss three or more appointments.

I have read and agreed to this Financial Policy.

Patient Signature

Date