

COLUMBO ASTHMA, ALLERGY, AND IMMUNOLOGY, LLC

FINANCIAL POLICY

Columbo Asthma, Allergy and Immunology would like to welcome you to our office and assure you that we are dedicated to providing our patients with the best possible care.

INSURANCES

We will be glad to help you obtain the appropriate benefit from your insurance carrier. It is your responsibility to read and understand your insurance agreement. Certain services may or may not be covered, depending on your individual policy. We will bill your insurance carrier for you, however you are ultimately responsible for the payment of the bill.

Please check with your insurance carrier and our Front Desk Receptionists to confirm that we participate with your particular carrier.

If we do participate with your insurance carrier, all services performed in our office will be submitted to them unless we have received prior notification of non-covered services. All co-payments and deductibles are the patient's responsibility. All co-payments are due at the time of your office visit.

If you have a high deductible plan and your deductible amount has not yet been met, the office will request payment of 70% of the cost of your visit upfront.

HMO Insurances may require referrals for services. It is the patient's responsibility to obtain a referral prior to the appointment. If we do not have a referral at the time of the appointment, the patient will be responsible for payment in full at the time of the service.

If you are covered by an out-of-state insurance plan, it is your responsibility to contact your carrier and determine if our office participates with your plan. Please note that these types of plans typically carry high out-of-pocket expenses.

If we do not participate with your insurance company, you will be responsible for payment at the time of service and it will be your responsibility to file for reimbursement from your insurance company.

Patients without insurance coverage are requested to pay for services at time of visit.

OUR OFFICE REQUIRES A 24 HOUR CANCELLATION NOTICE PRIOR TO APPOINTMENT TIME OR YOU WILL BE CHARGED A \$75 NO SHOW FEE.

PAYMENT FOR SERVICES RENDERED

We accept all major credit cards as well as cash or personal checks. All payments are expected at the time of service and any outstanding balances are due within 30 days of invoice unless prior arrangements have been made. Payment in full of any outstanding balance is expected prior to being seen in our office in the future.

All balances that reach 90 days past due will be sent to Collections.

I have read and understand the Financial Policy of Columbo Asthma, Allergy, and Immunology.

Signature of Patient or Guardian

Date