



1300 York Road, Suite 30D
Lutherville, MD 21093
Phone: 855-871-3347
Fax: 443-557-6699
baltimoreallergist.com

PATIENT NAME _____ DOB _____

FINANCIAL POLICY

It is the philosophy of Advanced Allergy & Asthma Centers to work with and be fair with all patients when it comes to financial matters. To ensure that we maintain financial stability and can continue to provide medical services to the community and region, the following credit policies shall be enforced. If you have any questions or need for special consideration, please do not hesitate to call our business office.

- Payment Responsibility** The patient is ultimately responsible for all charges incurred. For minor patients, the parent bringing the minor for treatment will be considered the financially responsible party.
- Assignment of Benefits** The practice will bill insurance plans as a courtesy for our patients if the patient provides the required insurance information and signs an assignment of benefits statement. It is recommended that the patient also verify allergy benefits with the insurance company prior to coming in for the initial appointment.
- Non-covered Services** Payment for all charges which are not covered by insurance are due and payable at the time of service. This includes any deductibles, co pays and/or coinsurance and durable goods.
- Third Party Litigation** The practice will not become involved in disputes arising from third party claims (i.e. automobile accidents, liability claims, etc.) with the exception of verified Workers' Compensation claims or claims involving Medicare and Medicaid.
- Uninsured Patients** When patients are not covered by insurance all incurred charges are due and payable at the time of service unless prior arrangements are made with the business office. If a patient is determined to be financially indigent and no source of financial assistance is available, the office will review the account for charity or sliding scale allowance.
- Payment Agreements** When a balance due cannot be paid at the time of service or when the balance becomes due, a payment agreement will be required in order to approve payment arrangements.
- Payment Arrangements** If a patient is unable to make full payment of the patient balance when due, partial payments may be approved in accordance with credit and collection procedures. A patient financial evaluation will be required to determine appropriate payment arrangements. All information given regarding the ability to pay will be subject to verification.
- Payment Methods** The following payment methods will be accepted: Cash, personal checks, money orders, VISA, Master Card, American Express or Discover
- Return Check Policy** Any returned checks will incur a \$35 fee that will be added to account balance. After two returned checks, future payments must be made by cash, money order or credit card (VISA, Master Card, American Express or Discover).
- Delinquent Accounts** Please be advised, accounts that remain unpaid or delinquent may be referred to a collection agency, magistrate or attorney for further collection action in accordance with the physician's established guidelines. This may incur additional fees above and beyond charges for medical services rendered.

Please note, in signing and dating below, you are acknowledging that you have read, understand and agree to the Financial Policy of Advanced Allergy & Asthma Centers.

Signature: _____ Date Signed: _____

Print Patient Name: _____ Date of Birth: _____