

Financial Policy for Chicago Family Asthma & Allergy, SC

Please read and submit a completed copy to our office to keep on file.

Insurance Policies

Prior to your visit, please verify that we accept your insurance plan. If you are covered by one of our accepted plans, you must provide a valid insurance card or other evidence of coverage and photo identification, and we will bill your insurance for the care provided at our office. You are responsible for all charges for services that you receive. If the patient responsibility portion of your charges, including charges applied to your deductible and/or coinsurance, is not paid in full within ninety (90) days following the mailing of the statement to you from our billing office, we will give you a courtesy call to let you know that we will charge the credit card listed on record.

Many insurance plans do not provide reimbursement for out-of-network care. Contact your insurance company to know the rules governing visits to out-of-network physicians. If you are not covered by one of our accepted insurance plans, you will be expected to pay in full at the time of service.

*If **lab or radiology studies** are ordered at your visit, Chicago Family Asthma and Allergy does not perform these at our office. If your insurance provider requires you to use a facility other than that recommended by our practice, inform us and we will provide a prescription order for the studies that can be taken to a facility specified by your insurance provider. It is your responsibility to be aware of preferred facilities and your financial responsibilities for any tests performed at these facilities.

Credit Card Policy: We require credit card information on file in our secure electronic medical record to hold appointments. We will ask for this information when you make your first appointment, or for established patients we will require this at the time of signing this policy. By signing below, you hereby acknowledge if you are in receipt of our medical services, Chicago Family Asthma & Allergy is authorized to bill the credit card for such services that are not covered by your insurance provider, and you agree to take all further actions required to pay the charges in full and to perform the obligations set forth in your agreement with the credit card issuer. If your credit card information changes in the future, it is your responsibility to update this information with our office. Late cancellation and “no-show” fees may be charged without a signed policy on file when you provide information by phone.

Cancelled and “No-show” Appointments Policy: If you do not arrive for a scheduled appointment (“no-show”), or if an appointment is cancelled **less than 24 hours** before the scheduled appointment time, the credit card on file will be charged forty dollars (\$40).

After-hours calls: Chicago Family Asthma & Allergy provides after-hours service calls for urgent medical issues. We desire to provide the best care for our patients in a timely manner, and after-hours services require additional time and medical decision-making for our physicians. For after-hours calls, a forty dollar (\$40) charge will be submitted to your insurance provider (or to you directly if not insured). If your insurance company does not provide coverage for physician telephone services, you will be responsible for this charge.

By signing below, you acknowledge that you have read and understand the above policies.

Patient Name: _____ **DOB:** _____ **Date:** _____

Patient Signature (or Parent/Guardian Signature): _____

(if applicable) Parent/Guardian Printed Name: _____