

ADVANCED ALLERGY & ASTHMA SPECIALISTS
DENISE González, MD
Diplomate of the American Board of Allergy and Immunology
FINANCIAL POLICY

We are all living in very difficult times and many businesses have had to re-evaluate how to handle cash flow. A significant loss physicians incur yearly is unpaid patient accounts, and unlike attorneys, physicians are not permitted to write these losses off for taxes. Unfortunately, many individuals gladly pay other services or professionals (plumber, dentist, hairstylist, manicurist, mechanic, vet, etc.), however, when it comes to paying for the time and care their physicians have already provided, they believe it is the responsibility of their health insurance company, and they are not accountable for any part of the fees, nor assist in facilitating that these fees be paid by the insurance to the physician. Other patients believe physicians should just eat the cost, as "they can afford it," and so they outright refuse to pay for the services provided to them in good faith.

All it takes is one bad apple to spoil the others. As a result of past patient behaviors, and the exorbitant costs of running this office, we have no choice but to revise our billing practices in order to keep our doors open. Therefore, **at each office visit:**

- **Cost of deductibles, percentages and copays** will be calculated with information we have received from your health insurance provider and **must be paid in full at the time of your appointment.** We will do our best to obtain the closest estimate from your plan, however, insurances often do not want to commit to "exact numbers" and most provide us ONLY AUTOMATED INFORMATION; there are no humans with whom we may speak!!
- At the time of your visits you must pay these costs, either by **Cash, Check or Credit Card** (MC VISA or Disc; **NOT AMEX**).

AS A COURTESY SERVICE TO YOU we will file your insurance claim for reimbursement; however, in special instances, we may not accept assignment of insurance benefits and you will be required to pay for services at the time of your appointment. **YOU WILL BE NOTIFIED PRIOR TO YOUR APPOINTMENT OF VISIT COSTS SHOULD WE NOT ACCEPT YOUR HEALTH INSURANCE.** Should you have to pay for services out of pocket, at the end of your visit we will provide you with a bill which includes the information your insurance plan should require for you to obtain reimbursement.

PLEASE INITIAL BELOW (initial each)

___1. Your insurance policy is a contract between you and the insurance company. **We are NOT party to your contract; our relationship is with you.** We cannot become involved in disputes between you and your insurer regarding the deductibles, co-payments, covered charges, secondary insurance and "usual and customary" charges your insurance contract delineates. These issues are to be discussed with your employer (who chooses what will or will not be covered in the contract) or the broker who sold you the insurance. Our involvement is limited to supplying factual information about your visit to facilitate the processing of your claim. **THIS IS A COURTESY SERVICE TO YOU and we will help to the best of our ability.**

___2. **ALL CHARGES ARE YOUR RESPONSIBILITY.** Not all services are a covered benefit in every insurance contract. Some insurance companies and/or employers arbitrarily select certain services they will not cover. **YOU ARE RESPONSIBLE FOR KNOWING YOUR INSURANCE COVERAGE PRIOR TO YOUR VISITS. WE ARE NOT RESPONSIBLE FOR EDUCATING YOU ABOUT YOUR HEALTH INSURANCE CONTRACT.** We strongly recommend you call your insurance 800 # (usually on the back of your card) for a description and explanation of your benefits. Every insurance is a unique contract; no two are alike, though they may be provided by the same carrier (BCBS, Cigna, Aetna, etc.) **BE INFORMED SO THERE ARE NO SURPRISES.**

___3. **If your insurance company does not pay your claim WITHIN 30 DAYS, it is your responsibility to pay your bill.** We encourage you to contact your insurer to arrange and expedite payment to our office. We will reimburse you when your health insurance finally pays your bill to this office. Processing refunds may take up to, but will not exceed, 30 business days. If our office, however, discovers your ledger has another outstanding balance, our office will apply the credit to your balance, and the difference, if any, will then be refunded to the patient.

___4. Returned checks and unpaid balances are subject to legal/collection placement and legal/collection fees. The returned check fee is \$50.00. **Bounced checks** without funds will be turned over to the **District Attorney's Office** for legal action.

___5. All patient balances that exceed 30 days will be assessed a 1.5% processing fee monthly.

___6. I have chosen Dr. Denise González as my physician. I have personally contacted my health insurance office and am aware of my benefits. I understand if she is not an eligible provider under the terms of my health insurance agreement, **I am liable for all charges for services rendered.** I agree to **pay in full for all services** within 30 days of receiving a bill from Advanced Allergy & Asthma Specialists/ Denise Gonzalez MD.

We understand that temporary financial problems may affect timely payment of your balance. We advise you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. We appreciate your trust in us and the opportunity to serve you.

Guarantor's Signature _____ Guarantor's Name _____ Date _____

Patient Name _____ Witness Signature _____ Date _____