

**FAIRFIELD COUNTY ALLERGY, ASTHMA AND IMMUNOLOGY ASSOCIATES  
BILLING POLICIES AND GUARANTOR PAYMENT AGREEMENT**

**MANAGED CARE & MEDICARE**

If you have a managed care plan in which we participate or Medicare, we will bill your insurance company or Medicare directly for our services. Please provide us with CURRENT and ACCURATE insurance information. Please present your insurance card at each office visit & allergy shot. Please notify us immediately of any insurance changes. You are responsible for fees incurred if you do not provide us with your current insurance information AT THE TIME OF SERVICE. If you require referrals from your primary care provider, it is your responsibility to obtain one prior to seeing our provider. If we do not receive the referral before your appointment, we will cancel and rescheduled your appointment to a later date. If you fail to obtain a required referral and chose to be seen, we reserve the right to collect the entire balance at the time of service.

Co-pays must be paid at the time of service. Failure to do so may result in an additional \$10 charge. We require two forms of credit card payments for any insurance with a deductible or coinsurance. If you choose not to provide us with two forms of payment, we reserve the right to cancel your appointment.

**UNCOVERED SERVICES**

If services provided are not covered by your insurance plan, then you are responsible. There is also a one-time annual fee each calendar year of \$50 per patient for non-covered medical services, e.g., completion of school, camp and/or travel forms. Any charges which are more than 30 days past due and are the patient's responsibility are subject to an interest charge of 18% per annum.

**PRIVATE INSURANCE**

If you have private insurance, professional services rendered are charged to you the patient. As a courtesy, we will submit your claim to your insurance company, however any outstanding balance is your responsibility. Accounts that are more than 90 days overdue are subject to a rebilling fee. Any charges which are more than 30 days past due and are the patient's responsibility are subject to an interest charge of 18% per annum. We accept checks or credit cards.

If you have a balance due, even though you have a filed insurance claim, you will receive a monthly statement. Our office will not negotiate settlements on disputed claims. If your claim is denied, you will be informed, and you should communicate directly with your insurance company. Payment for services is the patient's responsibility even if the insurance company wrongfully denies the claim.

**COLLECTION POLICY**

If we must refer your account to a collection agency or to a law firm to collect an unpaid balance, you will have to pay the costs of collection as well as any unpaid balance to remain a patient of our practice. You are responsible for bank charges associated with checks not honored by our bank.

If your account is placed in collection, and/or if you do not pay an outstanding balance within a reasonable period, you will be discharged from our practice. We will send you a medical records release for your signature so that we can send a copy of your records to your new physician.

**MISSED & LATE VISITS**

If you provide us with 24-hours advance notice to cancel an appointment, we will gladly reschedule your appointment. If you fail to give advance notice, we reserve the right to bill you for the missed visit. If you are late for a visit, you will be charged for the entire scheduled visit.

We thank you in advance for your cooperation with our billing policies.

Patient name \_\_\_\_\_ Date \_\_\_\_\_

Patient/Parent signature \_\_\_\_\_ Date \_\_\_\_\_