



# FAIRFIELD COUNTY ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.C.

ADULT AND PEDIATRIC ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY  
DIPLOMATES OF THE AMERICAN BOARD OF ALLERGY & IMMUNOLOGY  
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## BILLING INFORMATION

### MANAGED CARE AND MEDICARE

If you have a managed care plan in which we participate or Medicare, we will bill your insurance company/Medicare directly for our services. Please provide us with CURRENT and ACCURATE insurance information. If you require referrals from your primary care provider, it is your responsibility to secure these. Please present your insurance card at the time of each office and the time of each allergy shot visit and notify us immediately of any insurance changes.

Co-pays must be paid at time of service. Failure to do so may result in an additional \$10 charge.

### UNCOVERED SERVICES

If services provided are not covered by your insurance plan, then you are responsible. There is a onetime annual fee each calendar year of \$40 per patient for non-covered medical services, e.g., completion of school, camp and/or travel forms. You are also responsible for fees incurred if we do not have your current insurance information AT THE TIME OF SERVICE. 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 cash, check or credit cards.

Even though you have a filed insurance claim, you will receive a monthly statement if you have a balance due. 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

### 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 in order 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 of time, 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 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.

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

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Signature of patient or legal representative Date