



Allergy, Asthma & Sinus Care Center

9701 Landmark Parkway Dr. | Suite 207 | St. Louis, MO 63127
Phone 314.849.8700 | Fax 314.849.8737

OFFICE & FINANCIAL POLICIES

Allergy, Asthma, and Sinus Care Center is contracted with most major commercial insurance companies and Aetna Better Health (formerly Healthcare USA).

Please contact your insurance provider prior to treatment to verify coverage. Non-covered services are the patient's responsibility and due at time of service.

Due to frequent changes in health insurance coverage, we require you provide proof of insurance coverage at every visit. If you do not have insurance, are unable to provide proof of insurance coverage or participate in a plan our office does not accept, payment in full will be required at time of service.

All co-payments are due at time of service. Fees cannot be waived, per our contract with your insurance company.

We submit claims to primary, as well as secondary insurances, if applicable, for each visit. All insurance payments are paid directly to Allergy, Asthma, and Sinus Care Center for services rendered.

Please be aware that some services provided may be considered non-covered services and not reimbursable by your insurance company. You are personally responsible for these services.

If you receive benefit information from our office, this is not a guarantee. Benefits are not determined by your insurance company until your claim has been received for processing.

By my signing, I understand and acknowledge that my health insurance provider may not pay Allergy, Asthma & Sinus Care Center for all of the charges in connection with the medical services rendered. Therefore, I authorize Allergy, Asthma & Sinus Care Center to charge my credit card listed on the "Credit Card Pre-Authorization Form" for any balance my insurance company deems patient responsibility. I understand that it is my responsibility to plan so that such charge will not exceed my maximum allowable credit limit. I understand that if credit card payment is decline and Allergy, Asthma & Sinus Care Center is unable to obtain payment I will be charged an additional fee of \$40.00.

In the event an outstanding balance becomes a hardship, I have the opportunity to contact Allergy, Asthma & Sinus Care Center to schedule a formal monthly payment plan.

Failure to pay any past due balance will result in credit card on file to be charged or efforts by a third party representative. Administration fees will apply

Adolescent patients not accompanied by a parent are responsible for copayment or any charges pre-determined not covered by insurance at the time of service.

In divorce or separation cases, the parent with whom the child resides will be listed as guarantor of the account and is responsible for any balance incurred. If a divorce decree requires the non-custodial parent to pay all or part of medical expenses, it is the custodial parent's responsibility to seek reimbursement from the non-custodial parent.

We will make every effort to accommodate your scheduling needs. In return we ask that you help up by keeping your scheduled appointments and notifying our office at least 24 hours in advance if you are unable to keep your appointment.

First appointment not cancelled with 24 hours prior notice will result in a \$40.00 fee.(Initial appointments for OIT will be charged a \$150.00 fee). Second appointment not cancelled within 24 hour notice will result in a \$40.00 fee and notified that appointments are not being kept. Third appointment not cancelled with 24 hour prior notice will result in a \$40.00 fee and may result in dismissal from our practice.

I, _____ have read the Office and Financial Policies of Allergy, Asthma,
(Patient/Legal Guardian)

and Sinus Care Center and have all my questions/concerns answered or addressed. I agree to these terms and to the assignment of benefits from my insurance company to Allergy, Asthma, and Sinus Care Center.