

WELCOME TO DEARBORN ALLERGY & ASTHMA CLINIC, P.C.

This notice is to inform you of our **BILLING AND PAYMENT POLICY EFFECTIVE UPON RECEIPT.**

When you are treated at our office, if your insurance coverage is one that we participate (have a contract) with, we will bill the service to them. If your policy has a co-payment, we will expect this amount to be paid at the time of service. If a child is brought in, whichever parent brings the child (regardless of any legal agreement between the parents), that person will be expected to pay at the time of service.

If your insurance is one that we do not participate with, fees for all services will be expected to be paid at the time of service. If a child is brought in, whichever parent brings the child (regardless of any legal agreement) it will be your responsibility to seek reimbursement from your insurance carrier, or responsible party.

If someone other than a parent brings the child in for treatment, please prepare them to pay as stated above also.

If you have an HMO insurance, it is the patient's responsibility to obtain the necessary referral to be seen. No referral at the time of service may result in having to be rescheduled.

Please understand that not all services are a covered benefit by your insurance policy, and that certain plans have deductible and calendar year maximums. It is in your best interest and your responsibility to be aware of what your insurance covers. Therefore, we advise regardless of insurance to call and verify benefits. If checking benefits with your insurance company and need procedure codes, we will be happy to assist you.

We understand that situations arise that make payment in full for some charges difficult on the date of service. If you are an ESTABLISHED patient, we would appreciate a call in advance of your appointment to make payment arrangements. Full payment of services will be expected within 30 days of service dates.

If the fees are for services non-covered by your insurance company, full payment will be expected within 30 days of receipt of our bill.

WE ACCEPT CASH, CHECK, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS AND DEBIT CARDS.

Please sign and date this agreement below and return to us.

Thank you for your cooperation.

Signature

Date