

Smell and Taste Center - AllergyCorp Group

Financial Policy

I understand and agree to the following:

- Your healthcare insurance policy is a contract between you and your insurance company or employer. Smell and Taste Clinic - AllergyCorp Group will assist you to obtain payment from your healthcare insurance policy for medical services and goods that you receive at Smell and Taste Clinic; however, you remain primarily responsible to pay for all medical services that you receive at Smell and Taste Clinic.
- Healthcare insurance does NOT cover all medical goods and services. I understand that there are many types of healthcare insurance, and that each provides coverage for different medical goods and services. If the healthcare insurance denies payment of my claim because it is not a covered service or good, I am responsible for all charges.
- Smell and Taste Clinic does NOT participate in all healthcare insurance policies. There are dozens of types of healthcare insurance policies covering members of our community. Smell and Taste Clinic and its physicians are participating providers in many of these policies, but not all of them. Some healthcare insurance policies require individuals to receive care from healthcare providers who participate in the policy as a condition to payment. Other healthcare insurance policies will make some payment to healthcare providers who do not participate in the policy, but the patient is responsible for a significant portion of the healthcare provider's charges (coinsurance). I am responsible for determining whether Smell and Taste Clinic is a participating provider with my healthcare insurance policy and, if Smell and Taste Clinic does not participate in the policy, I am responsible for any charges or coinsurance amounts not covered by my healthcare insurance policy.
- I am responsible to provide accurate insurance information. I am responsible to provide Smell and Taste Clinic with all current insurance information and contact information, including any secondary insurance. If the claims are denied due to failure to file claims timely because I have not provided current insurance information, I am responsible for all charges. In the event of that I have more than one coverage and there are issues associated with coordination of benefits, it is my responsibility to contact the insurance carrier to have any issues resolved.
- I am responsible to obtain prior authorization. Many healthcare insurance policies require that I obtain prior authorization for certain types of medical services or goods as a condition to coverage under the healthcare insurance policy. Smell and Taste Clinic offers assistance in obtaining the required insurance authorization, but I remain responsible to obtain any necessary authorizations before receiving medical goods or services requiring prior authorization. If I do not obtain a required insurance authorization and payment is denied, I am responsible for all charges.

- I am responsible for co-payments, coinsurance and deductibles. Depending upon the insurance coverage, I may be responsible for a co-payment, coinsurance or deductible. Some insurance carriers charge co-pay for each type of provider seen during one day. Therefore, if I am seen by more than one provider from in the same day, I may be responsible for more than one co-payment. Smell and Taste Clinic requires that co-payments be made at the time of service. I also remain responsible for any balances remaining due to co-payment, coinsurance or deductible.
- The Smell and Taste Clinic will bill your in or out of network insurance company for office visits. Although eligibility may have been checked with your insurance company prior to your office visit, this is NOT a guarantee of payment. Benefits are determined by your insurance company once the claim has been received and reviewed.
- If your insurance company was billed and payment is not received within 45 days, the balance will be transferred to the patient's responsibility. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. Any portion of the bill not paid, or denied, by the insurance carrier, will be the patient's responsibility.
- If you have Medicare and a supplemental or secondary insurance carrier, please call Medicare and advise them of your secondary or supplemental information for the coordination of benefits. Medicare will coordinate claims with your secondary insurance carrier.
- Upon receipt of payment from your insurance company, you will receive a statement showing your balance due. Payment is expected within fourteen (14) days. For your convenience, we accept Visa, MasterCard, Discover, and American Express.
- If payment, IN FULL, is not received, you may be charged a \$15 re-billing fee each time we issue you a statement on an outstanding balance over 30 days.
- If your bill is not paid and is transferred to our professional collection agency, then your information, which may include, but is not limited to, your name, address, phone number, social security number, employment and employment phone number, will be provided to them. You will be charged an additional 25% of your outstanding balance as well as any related court costs and attorney fees.
- If your insurance company requests a claim form, fill out your portion of the form and attach a copy of your itemized statement provided by our office. A physician's signature *is not* required. It is not necessary for our office to fill out the "Attending Physicians" portion of the claim. The statement is authentication in itself.
- You must inform our office if you have a new insurance carrier or if the insurance carrier has a new claim address. Please send us a copy of the front and back of your new insurance card so we can update our records. Failure to do so may result in delayed claims and/or responsibility for unpaid claims.

- If you are unable to attend your scheduled appointment, please notify the office at least 48 hours in advance. Failure to do so will result in a cancellation fee of \$75 for new patient appointments and \$45 for established patient appointments.

- Smell and Taste Clinic - AllergyCorp Group may send records to my insurance company and collect payment. I authorize Smell and Taste Clinic - AllergyCorp Group to release medical and other information to my healthcare insurance provider and authorize assignment of payments from the healthcare insurance to Smell and Taste Clinic - AllergyCorp Group for medical goods and services provided to me by Smell and Taste Clinic.

- Please note: This office reserves the right to change its fees at any time without prior notice.

Patient Name (please print)

Patient Signature

Date