



Allergy Asthma & Immunology Relief of Charlotte
OFFICE POLICIES

PATIENT NAME: _____ **DATE:** _____

Thank you for choosing Allergy, Asthma, & Immunology Relief of Charlotte (AAIR) as your allergy/immunology provider. Our physicians and extenders are excited and honored to have the opportunity to be part of your healthcare team. It is the policy of this practice to provide the finest quality of medical care available. We will work as a collaborative team to ensure all your healthcare needs are met. Our goal is to provide and maintain a solid relationship between you and our provider team. We believe the best way to do this is to have open communication with you. By providing you our office policies in advance, we are all achieving one common goal. Please read this form in its entirety and if you have questions please ask any member of our staff.

INSURANCE

Your insurance identification card is required at each visit. Please be mindful insurance verification is not a guarantee of payment and ultimately insurance companies have the final say regarding all coverage decisions. Your insurance company may determine that certain services are not eligible for payment due to medical policy guidelines and exclusions contained in your insurance policy/employee benefits plan.

We encourage patients to be aware of their plan benefits and covered services as patients will be billed for services deemed non-covered by their insurance carrier. If you are uncertain which services will be covered or what you will be responsible for, please contact your insurance company for assistance. Their phone number will be listed on your insurance card.

To help reduce paperwork and relieve patients of financial burdens, we have entered into contractual agreements with most insurance companies. Patients covered under these programs will be responsible for services deemed non-covered, co-pays, deductibles, and co-insurances.

By signing this form, I authorize and request payment of the medical and/or major medical benefits directly to my physician. This authorization will cover all medical services rendered at AAIR until written notice of cancellation is received from me by AAIR.

If AAIR is not participating with your insurance company we will file your insurance as a courtesy. However full payment is due at the time of service and your insurance carrier will reimburse you directly.

APPOINTMENTS / NO SHOW /LATE CANCELLATIONS

AAIR values the time set aside to treat our patients and as such we do our best not to double book appointments. If you are unable to keep your appointment please contact our office at least 24-48 hours in advance to allow someone else the opportunity for an appointment.

There is no charge for appointments reschedule or cancelled at least 24-48 hours PRIOR to the scheduled appointment time. Appointments NOT rescheduled or cancelled at least 24 hours prior to the scheduled time will be charged a **\$50 missed appointment fee for established patients and a \$75 fee for new patient and testing appointments.**

If you are more than 15 minutes late, we will do our best to accommodate you. However, you may be required to see our physician extender, another physician, or we may have to reschedule your appointment.

Follow-up appointments will see a physician extender unless otherwise directed by the physician. We will do our best to accommodate your request

At AAIR we recognize your time is valuable and we will do our best to minimize your wait times. However, emergencies may occur and will take precedence over a scheduled visit. Thank you in advance for your understanding.

PLEASE LET US KNOW IF YOU WAIT MORE THAN 30 MINUTES!!

FORMS and MEDICAL RECORDS

Patients are entitled to their medical records. AAIR will comply with the recommend cost of copying records provided by the North Carolina Medical Board.

The form fee for school, camp, or sport forms to be completed is a \$10 charge per form. FMLA, disability, and life insurance is a \$15 charge per form. Payment is due when the forms are dropped off. AAIR has a 7- to 10-day turnaround time for forms. If a form is needed sooner than 3 days, there is an additional \$5 rush fee.



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LAB CHARGES

You may receive a statement from Solstas lab for services performed at AAIR. Should you have questions regarding your insurance coverage and/or statements received please contact your insurance carrier or Solstas lab at the number on their statement.

FINANCIAL

In an effort to make our services available to as many patients as possible on an affordable basis, this practice employs firm practice management. This enables us to provide the highest level of care and at the same time be sensitive to cost containment. In an effort to be fair to all patients, we have adopted the financial policy outlined below:

1. PAYMENT (including co-pays and deductibles) ARE DUE AT TIME OF SERVICE FOR ALL PATIENTS INCLUDING SHOT PATIENTS.
 - a. Patients will be seen at the discretion of the provider if they cannot pay their co-pay, balance, and/or deductible at the time of service.
2. MOST MAJOR INSURANCE PLANS ARE ACCEPTED AND FILED AS A COURTESY TO OUR PATIENTS.
3. WE ACCEPT CHECKS , VISA, DISCOVER, AMEX, and MASTERCARD. (*For the safety of our staff and patients we will NOT accept cash.)

Patients are responsible for all fees associated with non-sufficient funds (NSF). Returned checks (NSF) will be charged back to the patient's account with an additional service fee of \$50.00. At the discretion of management, returned checks may be resubmitted to your bank a second time. Returned checks not redeemed within 20 working days of written notice to the maker may be subject to prosecution.

All patients with outstanding balances over 90 ninety days from date of service will be required to make a payment arrangement prior to any future appointment being scheduled or non emergent services being rendered.

AAIR reserves the right to discharge or refuse services to patients for non-payment of services. You will be given 30 days to find another allergy/immunology provider.

PAST DUE BALANCES

If your account is turned over to a third party collection agency you will be charged and all costs and expenses of collection including, but not limited to our reasonable attorneys' fees.

REFUNDS

AAIR will make efforts to refund overpayments within sixty (60) days. A refund will not be processed until all active or past due accounts for patients or dependents are paid in full. Refunds of less than \$20.00 will not be given unless specifically requested.

I have read the office policy in its entirety and agree to be bound by all terms and conditions herein.

Signature of Patient or Responsible Party

Date