



CONSULTANTS IN
ALLERGY & ASTHMA CARE

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Financial Policy

Thank you for choosing Consultants in Allergy & Asthma Care, LLC for your healthcare needs. Please review the following **Financial Policy and No Show/Missed Appointment Policy**.

Your healthcare insurance information is required when making an appointment. Please have your insurance card handy when you call. Although we check insurance eligibility, it is the patient's - or the guarantor's - responsibility to check benefits and eligibility with your insurance carrier before your appointment. If applicable, we will bill your insurance carrier. However, patients are responsible to pay for any services considered **non-covered** by your insurance carrier.

If you have HMO or POS coverage through your health insurance company and you are required to have a written referral in order to be evaluated by us, you must confirm with us that our office received it before the appointment.

Your health insurance company may require a co-payment at the time of your appointment. You are **required to pay any co-payment at the time of the office visit** - according to the terms of your health insurance coverage and our contractual obligation with the insurance companies.

Self-pay patients are responsible for all charges and payment is due in full at the time of service unless other payment arrangements have been previously made.

We understand that financial difficulties may occur. No business can operate and pay its expenses, though, if its clients have an infinite amount of time to pay their balances. Please call our billing office at 847-579-4265 to arrange a payment plan.

Outstanding balances over 90 days may be transferred to a collection agency and may be cause for patient dismissal from the practice.

Forms or correspondence that requires more than 30 minutes to complete will be completed for an **administrative fee of \$30**. We hope that you understand the amount of time and cost associated with the completion of these requests.

No Show/Missed Appointment Policy

We pride ourselves in providing individualized health care for our patients. Although we realize that emergencies happen, please keep in mind that our doctor **does not double-book** appointments. Therefore, we require that you contact our office at least 24 hours before your scheduled appointment.

If less than 24-hour cancellation notice is given, the appointment will be documented as a "Missed" appointment. If you **do not come for your appointment and no notice is given**, this will be documented as a "No Show" appointment. Please be advised that these may result in a **\$30 cancellation fee if they occur repeatedly**.

Saturday appointments are, however, highly demanded and we have limited **new patient and testing appointment** slots. Therefore, we **require a credit card when booking a new patient or testing appointment for Saturdays**. A 24-hour cancellation notice is required. If a No Show/Missed appointment occurs, our office **will charge a \$50 cancellation fee to the card**.

I have read and understand the **Financial and No Show/Missed Appointment Policies** and understand my responsibilities to Consultants in Allergy & Asthma Care, LLC

Patient Name

Date of Birth

Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient