



CONSULTANTS IN
ALLERGY & ASTHMA CARE

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Office Policies and Procedures

Thank you for choosing Consultants in Allergy & Asthma Care, LLC for your healthcare needs. Please review the following policies and let us know if you have any questions.

Financial Policy

Your healthcare insurance information is required when scheduling an appointment. Although we check insurance eligibility, **it is the patient's - or the guarantor's - responsibility to check benefits, eligibility, and insurance plan network participation (in or out-of-network) with your insurance carrier before your appointment.** If applicable, we will bill your insurance carrier. However, **the patients or guarantor is responsible to pay for charges which are not covered or denied by your insurance carrier.**

If you have **HMO** or **POS** coverage through your health insurance company and you are required to have a written or electronic referral in order to be evaluated by us, you **must confirm with us that our office received the referral 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. You will be provided a **'Good Faith Estimate'** prior to your appointment.

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/Correspondence

Forms or correspondence that requires 30 minutes or more 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.

Medical Records

If you are requesting a copy of medical records for **your personal file**, there will be a **\$20 fee** for records with 20 pages or more. These records can only be faxed or be picked up in person. If medical records need to be **mailed, an additional fee will be charged for mailing**. We ask that you **fill out our authorization to release medical records form**. Request of medical records to another physician will be faxed. Under HIPAA healthcare providers have 30 calendar days to fulfill the request. However, we will try to complete your request within 7 business days.

No Show/Missed Appointment & Late Arrival 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 you need to cancel or reschedule. We **require a credit card when booking a new patient, testing or a challenge appointment**.

Saturday appointments are highly demanded and we have limited slots. A 24-hour cancellation notice is required. If a No Show/Missed appointment occurs, our office **will charge a \$50 cancellation fee**.

If less than 24-hour cancellation/reschedule notice is given, the appointment will be documented as a 'Missed' appointment. If you **do not come for your appointment and no prior 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 **three 'No Show/Missed Appointments'** occur, the practice reserves the right to decline any future appointments.

Please call us if you anticipate that you will be **more than 10 minutes late** for any appointments. **Patients arriving 20 minutes after their appointment time, may be asked to reschedule the appointment**.

Prescription Refill Policy

Prescription refills require monitoring of the patient by our doctor to ensure that the prescribed medication can be continued safely and effectively at the appropriate dose and frequency. Please contact your pharmacy to request a prescription refill. The pharmacy should then notify our office.

An annual office visit is required for all of our patients who receive prescription medication.

If you have not been seen in over 12 months, an appointment will be necessary before any further refill is provided. Failure to keep your appointments may be a cause to discontinue the physician-patient relationship.

If you have not received face-to-face professional services by our doctor in over 3 years, **no refill will be provided**. The general rule in health care outpatient practices is that if you have not seen a doctor face-to-face within **36 months, you are considered to be a new patient** and would need to reestablish care.

Updated: 2/16/26

We appreciate your cooperation in this matter and please let us know if you have any questions or need a copy of this document.

I have read, understand, and agree to the above office policies and procedures.

Patient Name

Date of Birth

Patient Signature or Parent/Guardian (if minor)

Date

Relation to patient: Self Parent Legal Guardian (**check one**)