

## Financial Policy for Chicago Family Asthma & Allergy, SC

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Please read entire form, sign, and submit a completed copy to our office to keep on file. Please let us know if you have questions regarding this policy prior to receiving our services.

### **Insurance and Billing Policies:**

- Before your visit, please verify with your insurance plan that our practitioners are covered by your policy. You must provide a valid insurance card and photo identification with each visit. We will bill your insurance for the care provided at our office. You are responsible for all charges for services received.
- If you are not covered by one of our accepted insurance plans, you are expected to pay the complete billed amount after charges are processed.
- **If you have an HMO insurance plan or another plan that requires a written referral from a practitioner, a referral will be required on the date of service or you may be responsible for the entire cost of the visit.**
- Many insurance plans do not provide reimbursement for out-of-network care. If our practitioners are not part of your insurance network, contact your insurance company to know the rules about visits to out-of-network providers.
- If a co-payment is required by your insurance plan, this should be paid on the day of service.
- If you want to confirm that tests or services provided in our office are covered by your insurance, you may ask our office for charge codes that may be used, and you can verify coverage for these services with your insurance before the visit.
- If the patient responsibility portion of your charges, including charges applied to your deductible and/or coinsurance, is not paid in full within ninety (90) days following the mailing of the statement to you from our billing office, we will give you a courtesy letter and/or call to let you know a balance is due and to arrange payment. Balances not paid after this time may be submitted to a collections company.

**Lab or radiology studies:** It is your responsibility to know if your insurance provider requires you to use a specific company or facility for laboratory or radiology studies ordered by our practitioners. If so, inform us and we will provide a prescription order for the studies that can be taken to a facility specified by your insurance provider. It is your responsibility to know your financial responsibilities for any tests performed at these facilities. HealthLab is a laboratory company that provides phlebotomist services in our facility during certain hours of most business days. These services are not owned or managed by Chicago Family Asthma & Allergy, and therefore we cannot verify or guarantee if HealthLab services are covered by your insurance provider or plan.

**Cancelled and "No-show" Appointments Policy:** If you do not arrive for a scheduled appointment without prior notification ("no-show"), or if an appointment is cancelled **less than one (1) business day** before the scheduled appointment time, your account will be charged forty dollars (\$40). For extended oral food challenge appointments, any **cancellation less than three (3) business days** before the scheduled appointment date will result in a one hundred dollar (\$100) charge.

**After-hours Calls, Telephone Visits, and Televisits:** Chicago Family Asthma & Allergy provides after-hours service calls for urgent medical issues and telephone call visits or televisits at times during regular working hours. These services require additional time and medical decision-making for our providers. Charges will be submitted to your insurance provider or to you directly if not insured.

- **For after-hours calls, a forty-dollar (\$40) charge is required.**
- **For scheduled telephone encounters during business hours, a charge of forty dollars (\$40) to seventy-five dollars (\$75) is required, depending on time used for the appointment.**
- **"Televisits"** are video-conferencing appointments, most often used with the web-based Patient Portal or the "healow" app. Charges for televisits are billed based on the complexity or the time of the visit, using charge codes that are typical for in-person office visits.
- It is your responsibility to know if your insurance company provides cost coverage for these services and if a co-payment is required. If the insurance provider does not cover these services, you will be responsible for the charge(s).

By signing below, you acknowledge that you read and understand the above policies and agree to them.

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature (or Guardian Signature, print name and relationship):** \_\_\_\_\_