ADAC
ALLERGIC DISEASE & ASTHMA CENTER, P.A.

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Get Tested. Get Treated. Get Better.

children's
ALLERGY & ASTHMA CENTER

FINANCIAL POLICY

Thank you for choosing Allergic Disease and Asthma Center, PA for your allergy and/or asthma needs. We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we have developed the following policy to assist you in understanding and managing your financial responsibility.

Co-pays, deductibles and co-insurance for services are due upon check-in registration at time services are rendered, unless payment arrangements have been approved in advance by our billing department. High Deductible Health Plans or self pay patients will be required to pay a deposit before procedures begin. Future appointments may not be scheduled until co-payments/co-insurance is paid in full. We accept cash, checks, MasterCard, Visa and Discover. As a courtesy to our patients, we will be happy to submit your insurance claims and any other necessary information relative to your treatment. We accept assignment of insurance benefits and a waiver must be signed for all non-covered or non-allowable charges. If you are self-pay or have no insurance please call our billing department in advance to discuss payment options. Your account may be subject to a $ 20.00 fee for prescriptions not obtained on date of service.

Cash pay policy for uninsured patients has been adopted to offer a discount for your total charges.

Return checks will not be re-deposited. Your account will be debited to reflect this outstanding charge plus an additional $30.00 NSF handling fee. There will be a $ 30.00 charge for all accounts that are turned over to an outside collection agency. Charges may also be made for missed appointments and appointments cancelled without 24 hours advanced notice.

We will gladly discuss your proposed treatment and answer any questions related to your insurance. You must realize, however, that:

- Your insurance is a contact between you, your employer and the insurance company. We are not a party to that contract. (Please refer to your personal health insurance policy for co-payments/co-insurance guidelines.)
- Our fees are generally considered to fall within the acceptable range by most companies and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of "U.C.R." This is better defined as usual, customary and reasonable. This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
- **Not all services are covered benefits in all contracts.** Some insurance companies and/or employers arbitrarily select certain services they will not cover. **Regardless of insurance, payment remains your responsibility.** Once the insurance payment has been received, if the account is not paid in full within 60 days, the account will be placed with a collection agency. For billing and payment inquiries, please contact our business office at 864-627-3800, option 3.

Special Needs: We realize that temporary financial problems may make it difficult for you to pay your balance immediately. If such problems should arise, please contact the business department promptly. We are willing to work with you on your account, but it is your responsibility to inform us if you are unable to pay the outstanding balance.

We must emphasize that our relationship is with you, not your insurance company.
Filing insurance claims is a courtesy that we extend to our patients. All charges are your responsibility from the date the services are rendered.

If you have any questions about this information or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We are here to help you.

Patient's Name: _____ Date: _____

Signature of Patient/Guardian: _____