Welcome To Our Practice!

Thank you for choosing AAAI to partner in your healthcare needs. We are committed to providing you with quality and affordable health care. Below are our office and financial policies. Please take a moment to read this in its entirety. If you require additional clarification, or have questions about these policies, please contact our office and we will happy to assist you. A copy will be provided upon request.

- **Phones.** Telephones are answered Monday thru Friday from 8:00 am to 5:00 pm.

- **Emergencies.** Our practice has limited coverage for patient emergencies that may occur after hours. If a problem arises between 5:00 pm and 10:00 pm on weekdays simply call the office main telephone number at (602) 843-2991 and the answering service will contact the doctor on call. Your call will be returned in a timely manner during these hours. **Please note that routine prescription refills and referrals are not considered emergencies and will not be done after hours.**

- **Prescriptions.** All prescription refill requests should be called in to your pharmacy. Your pharmacy will then contact the office if authorization is needed. Your refill requests will be handled by the practice within 24 hours after your pharmacy's request is received.

- **Test Results.** Should you have any laboratory work or other diagnostic testing done through our practice, you will be notified of the results as soon as they are available. All results must first be reviewed by the provider. After review, you will be notified.

- **Records Release.** It takes our office 5 business days to process medical records requests. Medical records will be released to any physician upon your written request and authorization as a courtesy. The fee for "non-treatment" medical record third party requests is an initial fee flat fee of $35.00 and is $.60 per page and payment is required upon release of the medical record(s). Additional shipping charges could apply.

- **Forms Completion.** Completion of forms for insurance purposes, such as application for insurance coverage, disability, or FMLA leave, will be billed to the patient, or representative that requests completion of the forms, at a fee of $60.

- **Telephone Consultations.** Our office charges for telephone consultations initiated by the patient or the patient's guardian. Fees are updated in conjunction with the Center for Medicare and Medicaid Services fee schedule updates.

- **Referrals/Authorizations.** Referrals/authorizations from your Primary Care Physician or Insurance Carrier approving visits to our office, diagnostic facilities, or labs can take several days to retrieve. **You are required to contact your Primary Care Physician (PCP) at least 1 week in advance to notify them of your appointment.** Failure to do so my result in your referral/authorization being denied by your PCP and/or insurance company; therefore making you responsible for any and all charges incurred during your visit.

- **Insurance and Payment Policies**

    - **Proof of Insurance. We ask that you present your insurance card to us at every visit.** If you fail to provide us with the correct insurance information at each visit, you may be responsible for payment for all services provided.
        - Your health insurance contract is between you and your insurance company. Knowing your insurance benefits is your responsibility. Any questions or complaints regarding your coverage should be directed to your insurance company.
        - We are contracted with most insurance plans. If you are not insured by a plan we are contracted with, payment in full is expected at the time of service. If you are insured by a plan we are contracted with but don't have an up-to-date insurance card, payment in full is required until we can verify your coverage.
        - If you are uninsured please contact our Business Office at (602) 843-2991, and dial ext. 305, to obtain quotes for impending services.

    - **Co-Payments/Deductibles.** Your insurance company requires us to collect co-payments and/or deductibles at the time of service. Waiver of co-payments and/or deductibles may constitute fraud under state and federal law and/or the contract terms of your insurance company. Please help us in upholding the law, and complying with the contract terms of your insurance company, by paying your co-payment and/or deductible at each visit.

- **Non-covered Services.** Please be aware that some or all of the services you receive may be non-covered or not considered medically necessary by your insurer. You must pay for these services in full.

- **Claims Submission.** We will submit your claims and assist you in any way we reasonably can to help you get your claim(s) paid. Your insurance company may need you to supply certain information directly. It is your responsibility to promptly comply with their request.

- **Account Balances.**
  - Account balances are to be paid in full unless acceptable payment arrangements have been established with our billing office.
  - Payments made to satisfy account balance(s) will always be applied to oldest date(s) of service.
  - If you need assistance coordinating payment from your insurance company, establishing a payment plan, or have difficulty making your co-pay or deductible, please contact the Business Office at (602) 843-2991 ext. 304.
  - It may be necessary for our business office to contact you regarding your bill. Phone calls are made to the phone number(s) that you provide on the Patient Registration Form. This serves as notification that we may contact your mobile phone for verbal communication if it is listed in your paperwork. If you do not wish to be contacted on your mobile phone, please provide us with an alternate number where you prefer to be reached.
  - Unpaid balances over 90 days will be referred to a collection agency for resolution.
  - Non-payment of account balances and/or account balances placed with a collection agency will result in your records being placed in an "inactive" status, and you will be discharged from our medical practice. **Discharged patients may not register for future appointments or receive subsequent medical care for any reason from AAAI until the account balances are fully satisfied.** No exceptions will be made for urgent or emergent care needs for a former patient with inactivated records for any reason. **If your records are inactivated and you become ill or have an urgent or emergent medical condition, you should seek help at the nearest hospital emergency room, urgent care center, or from your primary care physician.**
  - Outside collection action may result in additional fees for which you will be responsible. These fees include, but not limited to, collection fees, attorney fees, and court fees.
  - If you as the patient are 18 years or older; and a dependent under your parent's insurance you will be listed as the guarantor on this account. Adult children who are mentally incapacitated or have been assigned an adult court appointed guardian will have their parent or guardian listed as the guarantor. If parent chooses to remain as guarantor, then they should also sign our Policy. **Guarantor: Person who should receive and pay the bill for any balance owed, such as a balance not billed to or paid by insurance.**

- **Allergy Immunotherapy (Allergy Shots).** Allergy immunotherapy is a highly effective and affordable treatment for severe allergies affecting quality of life. Allergy Serum is mixed annually and contains enough doses to cover the recommended yearly regimen. Most insurance plans cover allergy immunotherapy and will generally pay a portion of the charges billed for this service.

  The out-of-pocket cost to the patient for this service is determined by your individual insurance plan benefit and related copay(s), co-insurance and/or deductible. High Deductible Health Plans (HDHPs) typically result in a higher cost share for the patient; however, we offer many flexible payment options to help you and insure you receive the medical care that you need. If you are interested in allergy immunotherapy and would like a customized estimate based on your specific insurance plan, please contact our Business Office at (602)-843-2991, ext. 305, and a member of our billing team will be happy to assist you.

- **Pre-Registration.** When you schedule an appointment for any of our office locations, you may be contacted by one of our Pre-Registration staff to obtain and/or verify your demographic and insurance information prior to your visit. Providing this information will save you time the day of your service. The Pre-Registrar will take time to explain your insurance coverage and any deductibles or co-insurance that may be due from you.

- **Notification of Health Insurance Changes.** If your health plan has changed, you are responsible for notifying us as soon as possible. If we are not aware of the change(s), you could be held liable for the full cost of your visit by your health plan. <u>Shot Lab patients are to notify the Front Desk of any changes.</u>

- **Dual Custody of Children.** In cases where parents have dual custody over a minor child, or where there is a legal document assigning rights to one parent, our policy is to assign financial responsibility to the parent who authorizes treatment for the child. This authorizing parent is responsible for paying the guarantor's share of the treatment costs. If you are in this situation, and there is a legal document assigning financial responsibility to another party, it is your responsibility to make payment arrangements with the other party in advance of the child's appointment, and to ensure that payment flows through you to AAAI for the treatment.

- **Returned Check Fee.** A $35 Returned Check Fee will be assessed for checks that are returned to us by your financial institution for insufficient funds.

- **Missed Appointments/Cancellations.** In keeping with our goal to provide each patient with the highest standard of care possible, we ask that you make every effort to keep your scheduled appointments and arrive in a timely manner. "No-shows" or last-minute cancellations leave empty appointment times for patients in need of medical care. For this reason, **a fee of $50 may be imposed for missed or cancelled appointments with less than 24 hours' notice.**

  Please note that no-show/late cancellation fees are patient responsibility and will not be billed to your insurance company.

  Thank you in advance for your consideration and for allowing us to partner in your healthcare needs.

Thank you for understanding our policies. Please let us know if you have any questions or concerns.

I have read and understand the office policies and agree to abide by their guidelines:

_____ ____/____/____
Signature of Patient or Responsible Party Date

_____
Please Print Name