

# Allergy & Asthma Associates of Allen

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## FINANCIAL OFFICE POLICY

Thank you for choosing our practice as your healthcare provider. Your clear understanding of our Financial Policy is important to our professional relationship. Please speak with the office manager if you have any questions regarding this policy.

### **PAYMENT IS EXPECTED AT THE TIME OF SERVICE**

Payment is required at the time services are rendered unless other arrangements have been made in advance. Such payments include coinsurance, co-payments, deductibles, and non-covered services for participating insurance companies. We accept cash and personal checks. There is a \$25.00 service charge on all returned checks. If the patient is a minor, the parent/guardian who brings the child in for a visit is the responsible party.

### **INSURANCE**

If we are contracted with your insurance company, we will file your charges for you. However, your insurance policy is a contract between you and your insurance company. It is important you understand its provisions. We cannot guarantee payment of your claims as the insurance companies only "quote" benefits, the never "guarantee" benefits. It is your responsibility to make sure we have your current insurance information so that we may correctly file your claims in a timely manner as all insurance companies have timely filing limitations. You will be required to show your insurance card at every visit for identification and to prevent insurance fraud. If we are not contracted with your insurance company, you will be required to pay in full at the time of service.

### **REFERRALS**

If you are on an insurance plan that requires a referral, it is your responsibility to obtain a referral for your visits. The referral must be requested from your primary care physician prior to your appointment in order for insurance to be filed.

### **APPOINTMENTS**

Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment.

### **FORMS/PRESCRIPTIONS**

School/Camp/Physical forms may be mailed, faxed or dropped off to our office. We require 24-48 hours notice for completion. We are happy to mail, fax or hold them for you to pick them up. For written prescriptions, please allow 24 hours for completion.

### **IMMUNOTHERAPY**

All patients receiving allergy injections must wait in the waiting room at least 20 minutes following each injection. We do ask that you pay your co pay/coinsurance portion when you receive your injection. When a new vial of serum needs to be made, we do require you to clear any balance before processing the vial.

### **MEDICAL RECORDS**

We are dedicated to keeping your medical records confidential and therefore require written authorization for release of medical records. Medical records will be completed within 15 business days as mandated by the Texas Board of Medical Examiners and may be subject to a processing fee as determined by the Board.

I have read and understand Allergy & Asthma Associates of Allen's Financial Policy. I agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collection.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_