



FINANCIAL POLICY

Thank you for choosing Allergy Clinic of Tulsa, Inc. as your asthma, allergy, and immunology specialist. Our commitment is to provide the best possible care to you. It is essential that you have an understanding of our financial policy:

Payments for services are due at the time services are rendered, unless prior payment arrangements have been made and approved in writing. If the patient/responsible party is unable to pay at the time of service, the appointment will be rescheduled to a time when payment can be made. Your estimated portion of the fees will be computed at the time your treatment plan is prepared. This amount is due for services scheduled the day of your appointment. We accept debit card, Visa, MasterCard, Discover, American Express, checks, and money order. All visits may be subject to final audit; you may be billed for any additional services provided. Any balance owed after the insurance company pays will be due and payable within 30 days. Returned payments and balances older than 90 days are subject to additional collection fees and late charges of 1.5% per month. If payment is not made and the balance is turned over for collection, you are responsible for paying, in addition to the amount owed: interest, late charges and the cost of any services provided by an attorney and/or collection company. **There will be a \$30 service fee for payments returned by the bank for any reason. When payments are returned, the balance and the service fee must be paid by money order within 10 calendar days from the date returned.**

Insurance is a contract between you and your insurance company. We have contractual obligations with several PPO and HMO plans and in such circumstances, we will file insurance claims according to our agreement if you provide us completed financial information forms and a copy of your insurance card. We must receive this information within 14 days prior to your appointment. All charges will become your personal responsibility if completed insurance information is not provided or if eligibility cannot be determined. You are responsible for answering any claims inquiries sent to you by your insurance company. We will not become involved in disputes between you and your insurance company regarding eligibility, deductibles, co-payments, or covered charges.

In the case of divorce or separation, the person who brings the child in for treatment is responsible for payment of services rendered. We will carry the account in the name of the person who has custody of the child.

There may be additional fees for after-hours non-emergency phone calls.

There will be a \$35 charge applied to no-show appointments. Please give us 24-hour notice if you are unable to keep your appointment.

If you have any questions or concerns regarding your account or you need further explanation of these policies, please contact our Business Office at 918-307-1613 between the hours of 8:00 am and 5:00 pm, Monday through Friday.

Your signature on the financial information forms indicates that you have read and agree with these policies.

Signature

Date

Patient/Patient's Legal Representative

Relationship to Patient