



Financial Policy

Allergy and Asthma Care of Western Michigan, PC is committed to providing the highest level of quality medical care and personal service to our patients. It is the responsibility of the patient or the patient's guardians to meet their financial obligations. As we see patients from many different insurance plans it is impossible for us to know all the covered benefits, copays, and deductibles for each plan. In addition, your insurance company will not guarantee payment to us. While we are happy to assist, it is still the patient's responsibility to ensure that all services rendered are paid in full.

In order to clarify Allergy and Asthma Care of Western Michigan PC's Financial Policy, our policies are listed below:

Appointments:

As a courtesy, 48 hour notice is expected if you need to cancel or reschedule your appointment.

Financial Responsibility:

The patient (or the patient's guarantor), are ultimately responsible for all charges associated with your care regardless of insurance coverage.

Copayments and Deductibles are a contract responsibility between the patient and their insurance. These amounts are non-negotiable.

Patients Without Insurance Coverage:

Payment at the time of service is required. If necessary, short-term payment plans can be arranged, but must be requested prior to the services being performed.

We also offer Care Credit as an option. Please contact our office prior to your appointment regarding an application.

Participating Insurances:

We participate with a variety of insurance plans. It is your responsibility to:

- Verify with your insurance that we are a contracted provider
- Bring your insurance card and picture ID to every visit
- Be prepared to pay your copay before each visit (cash, check, Discover, American Express, Visa, MasterCard)
- Bring any required referral for treatment prior to or at the time of your visit

Additional Charges:

- For checks returned for nonsufficient funds a \$35.00 fee will be charged to your account

Collection Accounts:

If your account is sent to collections, you will need to contact our collection agency. We may require that you pre-pay visits after having a delinquent account with us even if you have paid the amount owing with the collection agency.

I have read and understand the above Financial Policy. I also authorize Allergy and Asthma Care of Western Michigan to release information needed to my insurance company for reimbursement of my claims.

Patient Signature (or Parent/Guardian): _____ **Date:** _____