

Allergy, Asthma & Sinus Center, PLLC

Arun Kadambi, M.D.

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Financial Policy and Payment Agreement

Thank you for choosing Allergy, Asthma & Sinus Center, PLLC. Please read and sign the following statements regarding our financial and insurance policies.

If you have health insurance, we will file your insurance claims. You must bring your insurance card, referral form (if applicable), and necessary co-payments/co-insurance to your appointment. Please understand that insurance is an agreement between you and your insurance carrier, and that we are not part of that agreement. We suggest you contact the customer service telephone number listed on the back of your insurance card to understand what your policy covers. Please be aware that we require a 24 hour notice for cancelled or rescheduled appointments.

We gladly accept cash, checks, credit cards and Care Credit. Should you need to discuss your bill, please contact our billing office at 859-223-0000. We are more than willing to work with you to resolve your balance; however, delinquent accounts will be referred to a credit bureau for collections.

Release of Information, Benefit Assignment, Payment Authorization, Full Disclosure Statement, Payment Agreement and Permission to Treat.

I hereby authorize Allergy, Asthma & Sinus Center to release any information necessary to my insurance company or billing agency to fulfill my financial responsibility. I authorize my insurance carriers to issue payments directly to Allergy Asthma & Sinus Center. Regardless of my insurance benefits, if any, I understand that I am fully financially responsible for any and all fees incurred. I agree to pay such fees in full. I have received a copy of the "Notice of Privacy & Policy Practices". I hereby give my permission to accept medical care by the providers and clinical staff of Allergy, Asthma & Sinus Center.

Patient/Responsible Party Signature

Date

Print Patient Name