

TAAC FINANCIAL POLICY

Thank you for choosing **Topeka Allergy & Asthma Clinic (TAAC)** for your medical care. We appreciate that you have entrusted us with your healthcare, and we are committed to providing you with the best patient care possible. Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your responsibilities. Please read it, ask us any questions that you may have and sign in the space provided. A copy will be provided to you upon request.

Estimated cost: The exact cost of a visit to the allergist can never be pre-determined. The charges can vary depending on the complexity of the care required, the procedure performed and the patient's insurance contract. However, a range of costs can be provided based on a typical visit, as follows: Office visit: \$135-\$280 Spirometry (lung function): \$80-125 Allergy skin testing: \$200-600.

Insurance: We participate with most insurance plans. Please notify us promptly of any insurance changes. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Referrals and pre-authorizations: If you have an insurance plan that requires a referral from your primary care physician, it is your responsibility to obtain that referral prior to your appointment or when receiving allergy injections. If you do not provide the required referrals before care is provided, you will be responsible for the cost of care.

Payments: As a courtesy to you, we will bill your insurance company, but remember that **your insurance contract is between you and your insurance company** and it's your insurance that makes the final determination on the payment. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim. Once your insurance has paid, you will receive an explanation of benefit (EOB) from your insurance and a statement from us for the remaining amount owed. If you are unable to pay the full amount within 10 days, please call the number on your statement to make payment arrangements. Unpaid balances over 90 days will be turned over to a professional collection agency and may result in termination of your care.

Methods of payment: We accept payment by cash, check, Visa, and MasterCard.

Co-payments are due at the time of service, otherwise **a \$10.00 processing fee will be added to your account.**

Co-insurance/Deductibles: You are expected to pay your co-insurance and/or deductible amounts at the time of service.

Outstanding account balances: Patients with delinquent accounts will be required to make payment at the time of service. We may refuse to see patients with an account balance and who are not making payments according to their previously agreed upon payment plan.

Credit card on file policy: We may require a credit card on file if your account had been previously turned into collections or if you are receiving ongoing treatment with allergy injections.

Collection fees: If your account is turned to collections, you will be responsible to pay for 15% of the collection agencies fees on top of your unpaid debt.

Other bills: Although you may receive services at Topeka Allergy & Asthma Clinic, sometimes x-rays and labs are necessary for your medical care. It is your responsibility to know which facility you are required to use, according to your insurance plan. You will also receive bills from the facilities where you had these studies performed, but be aware that these facilities are not in any way associated with Topeka Allergy & Asthma Clinic.

Non-covered services: In asthmatic patients, we often obtain a test called Fractional Expired Nitric Oxide, which is covered by some insurance policies, but not by BC/BS of Kansas. The fee for this test is \$40. You will be informed ahead of time and given an Advanced Beneficiary Notice to read and sign.

Non-Medical Fees: *Returned checks* – incur a \$30 fee. *Form completion* – As form completion involves physician and staff time, we charge a fee for this service. Please deliver these forms to the reception desk with your payment. A typical charge for completion of the FMLA form is \$25. All outstanding balances need to be paid in full, before forms will be completed. *Copies of medical records* – we charge .35 per page in accordance with state law.

If you have any questions regarding insurance or financial problems, please contact our patient account representative at 785-273-9898.

Attestation Statement: I have read and understand and agree to the above payment policy.

Patient's name: _____ **Responsible party:** _____

Signature: _____ **Date:** _____

Office use: Received By: _____ Date: _____