



Roseville • 935 Reserve Drive • Roseville, CA 95678 • Phone: 916.782.7758 • Fax: 916.782.7770
Sacramento • One Scripps Dr., Suite 105 • Sacramento, CA 95825 • Phone: 916.925.1056 • Fax: 916.925.5908
Yuba City • 887 Plumas St., Suite A • Yuba City, CA 95991 • Phone: 530.755.3352 • Fax: 530.755.3067

Financial Policy

Thank you for choosing Allergy Medical Group of the North Area. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance. We participate in most insurance plans, including Medicare. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles. All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.

Referrals. It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice before the visit. Visits may be rescheduled, or the patient may be financially responsible due to lack of the referral.

Non-covered services. Please be aware that some - and perhaps all - of the services you receive may be noncovered or not considered reasonable and necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims Submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. You are ultimately responsible for the timely payment of your account.

Coverage changes. If your insurance changes, please notify us before your next visit/injection so we can make the appropriate changes to help you receive maximum benefits.

Un-paid balances. We ask that full payment be made at the time of service unless prior arrangements have been made through our billing office. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You may call our billing office to set up payment arrangements if necessary.

Returned checks. The charge for a returned check is \$25.00 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a 'Cash Only' basis following any returned check.

Discounts. As a courtesy, this office offers a 20% discount to all patients with no insurance coverage who pay in full at the time of service.

Payment for professional services can be made with cash, check, AMEX, MasterCard or Visa.

I have read, understand and agree to the above Financial Policy. I understand the charges not covered by the insurance company, as well as applicable co-payments and deductibles, are my responsibility. I authorize insurance benefits be paid directly to Allergy Medical Group of the North Area, Inc. I authorize Allergy Medical Group of the North Area, Inc. to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

SIGNATURE

PRINTED NAME

DATE