

Financial Policy

Money problems seem to cause many misunderstandings between medical offices and patients. In this office we encourage frank discussions of our office charges and want you to feel free to discuss your financial questions with us.

Allergy evaluations and treatments are covered by many medical insurance policies. Please check with your insurance company and/or employer to determine the amount and specifications of your policy's coverage (i.e. your annual deductible, any coinsurance percentages). Please check to see if your insurance company is one which Dr. Asman participates with. Your insurance carrier may not cover charges for office visits. The responsibility for payment of these charges is your obligation. We try to simplify the preparation of insurance claims and thereby hold down the costs of your medical care. Every effort will be made to keep down the costs of your medical care. In order to do this, we ask that you make your office visit co-payment, upon the completion of each visit. Please feel free to inquire about any of our fees or payment policies.

Doctor Asman is a participating physician in several health plans. Under these plans, your medical bill is submitted to your insurance company by our office and he is paid directly for covered procedures. **You are expected to pay for any procedures or services not covered and for any co-payments, deductibles or co-insurance percentages as required by your insurance company.** If your insurance company requires a referral from your primary care physician, and this is not provided on the date of service, you will be financially responsible for these charges. If we have not had a response from your insurance company within 90 days of initial claim submission, the balance will transfer to become your responsibility.

For your convenience, cash, personal checks, debit, Master, Visa, Discover and American Express cards are accepted.

We have established, and will enforce certain financial policies. If needed, we will attempt to adapt these policies to your special circumstances. This requires cooperation and communication between you and our office. If applicable, you will receive monthly balance statements from our office. If there has been no contact from you regarding your financial situation and account balance or no payment activity on the account for over a ninety day period, the services of a collection agency may become involved.

Insurance Assignment Statement:

I authorize payment of medical benefits to Doctor Barry Asman/Allergy & Asthma Care Center, for medical services provided. I also authorize Doctor Asman/Allergy & Asthma Care Center to release to my insurance carrier any information needed to determine the benefits payable for related services. I request that payment of authorized medical benefits be made on my behalf to Doctor Asman/Allergy & Asthma Care Center for any services furnished to me by them.

I have read and understand the above.

Signed _____ Date _____