Mid-Cities Allergy & Asthma Clinic

Medical Services Financial Agreement

Thank you for choosing Mid-Cities Allergy & Asthma Clinic for your health care needs. It is our hope that the following financial policies will be helpful and reduce misunderstanding or confusion as we pursue payment for the medical services we provide. Please speak to a receptionist if you have any questions regarding these policies.

Payment for Services
Payment for services is due at the time services are rendered. For patients without insurance, payment in full is due at the time of service. For patients with insurance, such payment includes any co-payment, deductible, co-insurance, and all fees associated with non-covered services. We accept cash, checks, MasterCard, Visa, Discover, and American Express. Returned checks will result in a **$30** administrative fee that will be posted to your account. Returned checks or outstanding balances older than 90 days may be subject to external collection. If it becomes necessary to forward your account to a collection agency, in addition to the amount owed, you will be responsible for all collection fees, and attorney and court fees.

Medical Insurance
If we are contracted with your medical insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve this, you must provide our office with all relevant information, including copies of your health insurance card and drivers license. It is your responsibility to make sure we have your current information on file prior to receiving care. This information will be used to verify your insurance benefits. If you are unable to provide complete insurance information for benefit verification, you are responsible for full payment at the time of service.

Please understand that the ultimate responsibility for ensuring complete payment is made lies with you, not your insurance company. As a courtesy to our patients, we will gladly submit your claim to the insurance company. However, we cannot guarantee your insurance will pay these claims since the insurance company will only "quote" your benefits, they never "guarantee" these benefits. If your insurance has not paid a claim within 60 days of billing, any unpaid professional fees are due and payable in full from you within 30 days of your statement date.

Your health insurance is a contract between you, your employer (if applicable), and your insurance company. We are not a party to that contract. We must emphasize that as medical care providers, our relationship is with you, not your insurance company.

Referrals
If you have an insurance plan that requires a referral (e.g., an HMO plan), it is your responsibility to obtain a referral from your primary care provider prior to your first scheduled appointment and keep it current for every visit thereafter.

Cancelled Appointments
Missed appointments represent a cost to us and to other patients who could have been seen in the time that was set aside for you. Therefore, cancellations must be requested at least 24 hours prior to the scheduled appointment time. Failure to cancel or show for a scheduled appointment may result in a **$25** administration fee**.** Failure to cancel or show for a special procedure (e.g., patch testing, Rush immunotherapy, etc.) may result in a **$50** administrative fee. These fees are not billable to your insurance.

Medical Records
We are dedicated to keeping your medical records confidential and therefore require written authorization for release of medical records. Requests for medical records will be processed within 15 business days as mandated by the Texas Board of Medical Examiners and will be subject to a processing fee as determined by the Medical Board.

Medication Refills
Please call your pharmacy to request a refill of your medication(s). Prescription refills may take 24-48 hours to process. Routine refill requests will not be honored if the patient has not been evaluated by their physician of record within the past 12 months. However, urgent refill requests will be honored with the understanding that the patient must be evaluated by their physician before another refill is required.

Acceptance of the Medical Services Financial Agreement

I have read and understand the Medical Services Financial Agreement above and all questions that I have concerning this agreement have been answered to my satisfaction.

_____ _____

Printed Name of Patient Date

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Signature of Patient, Parent or Legal Guardian

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