



FINANCIAL POLICY

TIMELY PAYMENTS

Full payment, including known deductible amounts and co-payments, is expected at the time of service unless you have made advance arrangements with our business office. Failure to pay a co-payment at the time of service will result in a \$20.00 administrative fee. Frederick Allergy and Asthma Center accepts cash, personal checks, and some credit cards (Visa, Mastercard and Discover). We make a reasonable effort to submit all claims to all health insurance companies, even those that we are not contracted with, as a courtesy to our patients. The parent or designated legal guardian of any minor who brings the child in for treatment is responsible for the co-payment and/or deductible for that patient.

HIGH DEDUCTIBLES

Frederick Allergy and Asthma Center may ask for partial payment from patients that have high deductibles. This does not constitute final payment of services rendered. Final payment from services rendered is determined by the Explanation of Benefits from the insurance company.

COLLECTIONS

Any charges that remain unpaid after 60 days after the insurance determination are considered past due. If no effort is made to pay the balance due, the bill will be subject to our collection process and will be turned over to a collection agency. If an account is sent to a collection agency or a collection attorney a \$50.00 service charge will be placed on the unpaid balance. All attorney fees, collection fees, additional cost and expenses of collection will be charged to the patient or guarantor.

BILLING

There is a \$35.00 charge for any check returned unpaid to us from the bank. The amount owed will be the amount of the check and the service fee. All future payments after will be in the form of cash, credit card, or money order.

MISSED APPOINTMENTS/ LATE CANCELLATIONS

Please call at least 72 hours in advance to cancel or change a new patient/ reevaluation / testing/ complex appointment or 24 hours for a routine follow up appointment. Annual office visits are required for continuity of care and necessary evaluation of your medical care. Medical services will be held if you fail to schedule your annual visit. Repeated missing or canceling of appointments may result in discharge from the practice. Patients who require an interpreter must call 72 hours in advance to cancel or change appointment.

MISCELLANEOUS EXPENSES

Fees for duplication of records will consist of a \$20.00 medical record preparation/ transfer fee and 75 cents per page copying fee. Outstanding balances on the account must be satisfied before the records will be released.

HOW TO CONTACT US

If you have any questions, our billing staff can be reached at (301) 360-0776. Please keep us informed of you or your child's insurance status and any changes in your personal information.

Signature of Patient (or beneficiary if under 18 years of age)

Date