Allergy and Asthma Specialists of Greater Washington
A NOTICE TO OUR PATIENTS REGARDING OUR OFFICE POLICY

To keep our patients informed and to ensure proper reimbursement for services rendered, we ask that you carefully read the following instructions. By working closely together toward this goal we can provide you with better care and to avoid confusion in the future.

Insurance Coverage: We currently participate with several health plans. This does change periodically. Therefore, you may wish to inquire as to our participation with your plan. By signing the necessary forms at the time of your registration we can file your insurance claims for you**.**

Initial Below:
_____ I understand that I will be asked to show my insurance card at each visit as proof of coverage.

Initials each statement below:
_____Please be aware that as medical providers, our relationship is with you and not your insurance company. Problems relating to your coverage should be handled between you and your carrier. HMO patients are responsible for securing and managing their referral forms for their services.

Payment Policy:

_____**It is the patient's responsibility to be informed as to your insurance coverage**. We cannot adjust charges or diagnosis codes after services are rendered. If your insurance carrier denies payment, it is our policy that these amounts are to be paid within 60 days. We will bill you for charges allowed, but not paid, by your insurance plan.

____ **Copays and allowable deductible charges per your insurance are required at the time of your visit**. Otherwise, you will need to reschedule your appointment. If you do not have insurance coverage, charges must be paid in full at the time services are rendered.

_____ **Unacknowledged invoices over 90 days old will be forwarded to our collection's agency for further collection efforts.** Accounts over 90 days that are over $500.00 may be turned over to an attorney for legal action. Charges associated with these actions will be the responsibility of the patient.

Lab/Radiology Results:
____**These results will only be discussed during an office visit.** It generally takes 7-10 days for results to arrive from other facilities. You can assume your results will be available on your follow up appointment. Occasionally results do not make it to our facility, please have the name and phone number of the facility available on your next visit. You may contact our office before your appointment to ensure the results have arrived.

Cancellations:
_____**We require a 24-hour notice for cancellations**. **A fee of $35** will be assessed for appointments not kept and notification not provided. This fee is not reimbursable by insurance.

Prescription Refills:
_____We require at least **72 business hours for prescription refills**. Please contact your pharmacy first to confirm there are no remaining refills. Then contact the office nurses' lines to initiate the refill request.

Medications and/or procedures requiring prior authorizations:
_____These requests can take 3 to 10 business days to receive approval, if you have not received an update after this timeframe, please contact the office.

Emergency Phone Calls: We ask that only emergency phone calls to be placed to our "on-call" providers.
Please do not call for any prescription requests, including antibiotics, after office hours.

Forms and Letters:
_____ All forms and letters requiring authorization for administration of medications will be completed at your scheduled office visit. Requests after office visit can take up to one week for completion. Please note an up-to-date appointment is required to complete these forms including but is not limited to, **schools, athletics, daycare, and camp letters and forms**. Please play accordingly as these appointments prior to school and summer book quickly.

_____ _____ _____
PATIENT NAME PATIENT SIGNATURE DATE