

To All Patients:

Thank you for choosing Allergy ARTS, LLP. We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. We would like to take this opportunity to explain our policies in detail.

Appointments

- Please arrive 15 minutes before your scheduled appointment times. This will give the front office staff time to verify that your billing information is current and accurate.
- If you are more than 20 minutes late for your appointment, you may be asked to reschedule.
- We respectfully ask if you cannot keep your scheduled appointment, you please contact our office within 24 hours of your appointment time to reschedule or cancel. If you have an unforeseen emergency, please call to let us know.
- We do not charge patients the first time they fail to call and give us a 24 hour notice, but it will be necessary for us to charge \$25.00 for repeated no-shows. Timely cancellations or rescheduling of appointments will often enhance the opportunity for us to schedule a patient from our waiting list. These charges are your responsibility and will be billed directly to you.
- If you accompany a patient with a scheduled appointment, please do not ask us to address your medical needs. We will be happy to schedule an appointment for you so that your needs will be properly addressed.
- Most appointments are scheduled for single problem visits. This means that we will be unable to review other medical issues during the visit, not related to the type of appointment you are scheduled for. This is related to the limitation of time. You may be asked to schedule another appointment to address additional problems.
- If you do not have a scheduled appointment, we accept sick visits only during operating business hours. Please call the office first to speak to the triage nurse. If the nurse feels you need to be seen there will be an appointment time given. When you arrive for that appointment please notify the front desk that you have spoken to the nurse. You might be required to fill out the appropriate paperwork.

Phone Calls, Refills and Other Requests

- If your phone call is emergent, please tell us at the beginning of the call so the call can be directed to the correct department.
- Please be kind to our staff members. Unacceptable behavior may result in termination from our clinic.
- Some non-emergent calls may be returned within a 48 hour time period (such as refill requests).
- You may be transferred to a "Nurse Line" or "Pharmacy Line" and the call will be left on voicemail. Please do not hang up and call again, as our policy is to route you to the appropriate department then one of our staff members may call you back accordingly.

- Please bring a list of your current medications with you to each visit. Notify the nurse if you need any prescriptions and/or refills at the time of your visit.
- Our office has a fee of \$25.00 for completing insurance disability forms and/or FLMA forms. The fee must be paid prior to the form being completed.

Payment Policy

- Payment is due at the time services are rendered. This includes both co-payments and deductibles. We accept VISA, Mastercard, and Discover.
- If you are making monthly payments on previous treatment, you will still be required to pay for additional services as the treatment is rendered.
- We also help the patient enroll for CareCredit.
- You must bring an up-to-date insurance card with you to each appointment. Otherwise, we will require payment in full at the time of your appointment, until your coverage can be verified. If later we receive a check from your insurer, we will refund any overpayment to you.
- If your insurance requires you provide a referral to see a specialist, you are responsible for making sure we have a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival and you are unable to obtain the required referral before treatment you will be asked to pay for your services in full that day, or you will be asked to reschedule your appointment.
- Some insurance companies require prior-authorizations or pre-certifications on services. We will try to obtain this authorization for the patient, but it is ultimately the patient's responsibility to make sure the authorization is obtained when one is required.
- Please notify us if your telephone, address and/or insurance changes. If you do not provide us with the correct insurance information, all services will be billed directly to you. Most insurance companies require a bill from the provider of service to be received in their office no more than 90 days from the date of service.
- If you are insured by a plan that we are not in contract with, you may be charged "out-of-network" rates and penalties by your insurance company. Your deductible will also most likely be more. Out-of-network deductibles are usually double. This means that the insurer pays less of the charges and you are responsible for more out-of-pocket expense.
- It is your responsibility to know which providers are in-network for your insurance plan, including specialists.
- You may also have restrictions on lab and radiology centers that are in-network with your insurance carrier. Please alert us to any network restrictions you have with your plan. We try to stay updated on the lab requirements but it is ultimately the patient's responsibility to know which lab your insurance company prefers.
- Not all insurance plans cover all services. In the event your insurance does not cover a certain service, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. Partial payments will not be accepted unless payment arrangements have been made our Patient Advocate. You can reach our Patient Advocate (806) 353-7000 (extension 132).
- Please be aware that any unpaid balance will be referred to a collection agency and we will not be able to see you again until all payment issues are resolved with the collection agency. You will deal directly with the collection agency if the balance is sent to one. We

are no longer able to receive your payments. The payments must be sent to the collection agency.

- **About Our Fees and Services**

We are under contract with several insurance companies to provide services to their insured at a predetermined “allowed rate”. Our charges are “adjusted” to that negotiated rate. Your policy benefits with your insurance company are determined by your insurance company and employer. If you feel you pay too much for your medical care, please contact your health insurance company. If it is a plan we are contracted with the allowed amount is negotiated between the provider and insurance company annually. The employer determines the benefits for their insured we have no control of the patient’s benefits.

Allergy A.R.T.S.

The specialists at Allergy A.R.T.S. have the advanced training and experience to properly diagnose your condition and prescribe a treatment plan to get you feeling better again! Specialties include Allergy, Asthma, Rheumatology, Osteoporosis and Autoimmune Diseases.