

Dr. Lakshmi Reddy
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10700 Medlock Bridge Rd
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ALLERGY & ASTHMA INSTITUTE FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing Allergy and Asthma Institute as your health care provider. As part of your relationship with AAI, a clear understanding of our financial policies is important so you will know what actions we will be undertaking on your behalf as well as what your financial responsibilities are to AAI.

We require patients to make payment for all billed services at the **time service is rendered**. This includes all copays, coinsurance and deductible amounts. This helps us reduce our administrative costs, so we can keep the cost of our services affordable. We accept cash, check, and most major credit cards for your convenience. We do not accept money orders. There is a \$25 returned check fee.

At the visit, you will be required to pay an estimate of your total cost of the visit, based on your insurance copay, coinsurance, or deductible, and **your specific benefits**. Any remaining credit or debit will be determined when your insurer provides us with an Explanation of Benefits (EOB), and a refund (upon your request), or bill will be mailed to you.

Insurance: We are contracted with numerous insurance companies, and will file your claim as a courtesy to you. Because every plan has different stipulations regarding payment for services, it is your responsibility to understand your benefits. If you do not inform us of any special requirements in your insurance contract, such as referrals or pre-authorization for treatment, and your insurance company does not cover these charges, we will bill you directly. This is also our policy in the event of claim refutations, such as medical necessity or pre-existing condition denials.

You must provide your insurance card or proof of insurance at the time of each visit. If you do not have insurance, are unable to provide proof of insurance, or are on a plan in which we do not participate, full payment is required at the time of your visit. It is very important that you become familiar with your insurance plans and understand its benefits. For patients without insurance we expect payment in full at the time of service.

Cancellations: We require at least 24 hour notice for any cancellations or rescheduling of a previously scheduled appointment. We appreciate you as a patient, and your cooperation in complying with this policy will assist us in providing the best care possible to all of our patients. Failure to cancel or reschedule appointments at least 24 hours in advance will result in a \$25 administrative fee for follow-up appointments and a \$50 fee for new patient visits. These fees are not covered by your insurance company. If you miss two appointments consecutively or three within a 24 month time frame without adequate notice, you may be discharged from the practice.

Medical Records and Itemized Statements: Medical records are the property of AAI. You can request copies of your medical record in writing. We will provide copies of required medical records to other medical practitioners free of charge. All other copies will be charged a rate to cover the costs of staff time and copying. This rate is \$20 for records less than 40 pages and \$0.50 per page for records over 40 pages. We will provide you with your copies within 30 days of receiving your written request.



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Miscellaneous Fees: As you know, the entire health care industry is undergoing an unprecedented amount of change that is affecting us all. Insurance companies and the government may lower reimbursements, change what they will cover and mandate expensive, new business practices. As a result, we need to charge for certain requests. These additional charges are not meant to impede patient care, but to allow the physicians and staff time to address all of our patients' needs. The charges are intended to represent the time required for the service provided.

- FMLA Forms- \$ 50

Fees/Collections: You will be made aware of any outstanding balance on your account through phone calls and statements in the mail. However, after 3 months of nonpayment, you may be sent to our collections agency. If you *are* sent to collections, there will be a \$50 late fee and up to 5% of the principal balance added to your account that you will be responsible for.

Returned Check: You also understand and agree to pay a \$25 service charge for any returned checks.

Please remember that you, the patient, are ultimately responsible for payment on your account. If you have any questions regarding our financial policy or your account, please call our office.

NOTICE OF BALANCE PAYMENT

Please read the following Notice of Balance Payment and initial below:

You agree to make a payment, or payment arrangements, on any outstanding balance you may have accrued prior to being seen at every follow-up appointment with us.