FINANCIAL POLICY

ALLERGY, ASTHMA & CLINICAL IMMUNOLOGY

BRUCE A. DECOTIIS,M.D.,PA

We are pleased you have chosen us as your providers. We appreciate your trust and our goal is to provide you and your family the highest quality of medical care.

Our practice is contracted with numerous insurance carriers**. Policies can change and subscribers need to know their own plan's benefits, as well as financial responsibilities.** (i.e. deductibles, co-pays, co-insurance)

Your insurance may require a **referral** from your Primary Care Physician to be seen by a Specialist. This must be obtained at least 72 hours prior to your visit. Please check with your Primary Care Physician to confirm it has been issued. **We will not be able to see you without a referral and your appointment will need to be rescheduled.**

Should you choose to be seen in our practice and we do not participate with your insurance plan, you are responsible for the full payment of your bill at the time of service. We will provide you with an itemized receipt so you may file for reimbursement.

Dependent Minors of Divorced Parents: We expect payment from the parent/guardian who accompanies the child to our office. We will **not** bill a non-custodial parent, even though this may be part of the divorce agreement. We will be pleased to provide a paid receipt for services rendered.

We reserve the right to charge for missed appointments or any appointments **not canceled 24 hours prior to the visit.**

Past due balances are expected to be paid in full before future appointments are made. You agree to reimburse the fees of any collection agency which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses including reasonable attorney's fees we incur in such collection efforts.

Our office accepts **Cash, Check, Visa, Master Card and Discover for your convenience.**

I have read and understand the financial policy stated above and agree to accept financial responsibility as described.

Patient and/Insured Signature_____

Date_____