

Financial Policy

Welcome to Allergy Asthma Immunology of Rochester (AAIR)! Our priority as a group is to provide exceptional care to our patients. Second to that the fees charged for medical services are determined by the doctor's contractual agreement with your insurance company. Contracts with the insurance companies allow our office to set our financial policy as long as it does not alter our contractual agreement. Patients are asked to sign and adhere to our office financial policy regarding making payment at time of service. Producing and sending a statement to each patient takes valuable hours that our staff could spend helping our patients. We prefer to spend more time with direct patient care.

We realize most patients value our care and service and in order for us to continue to operate with the same level of service we do ask that payment is made at the time of service.

ALL PAYMENT IS DUE AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable deductibles, coinsurances, and copayments for participating insurance companies. Please understand that in the case of patients who have a deductible policy we are submitting claims to your insurance company which in turn are applied to the deductible.

All efforts are made to know your out-of-pocket cost while you are here for your visit. If the charges are known and you fail to pay at the time of service, a fee of \$15 will be charged to your account. A deposit will be collected for patients with high-deductible plans. If the charges are not available by the time you check out, a billing statement will be mailed to you. Payment will be due upon receipt of the billing statement.

AAIR accepts cash, personal checks, Discover, VISA, and MasterCard. There is a \$20 service charge for a returned check. After two returned checks, we will no longer accept personal checks.

If after 45 days from the date of your first billing statement, you have not either made a payment or arranged for a payment plan, your account will be referred to a third party recovery agency (collections). You will be responsible for all fees associated with the recovery process.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for your appointment. As a courtesy to your physician, staff and fellow patients, cancellations are requested at least 24 hours prior to the appointment. There is a charge of \$25 if you do not cancel or you cancel with less than 24 hours' notice. You may cancel after office hours with our answering service or on the Patient Portal.

INSURANCE

We bill insurance companies as required by our contractual agreements. Those insurance companies with which we do not have a contract, out of courtesy, we will submit a claim. As stated, co-payment, co-insurance, or deductible is collected at the time of service. We insist on having the most current insurance information, as many rejected claims are a result of not having correct insurance information on file. Please partner with us when these issues arise. Together we are able to resolve these issues in a timely manner. Talk to us when there is a claim or billing issue. Ignored billing issues will result in the patient receiving a bill.

We do bill secondary insurance companies as a courtesy to our patients. We will continue to do so provided we have correct policy information. Please make certain you have all your insurance information available at check-in to avoid delays in submitting your claims.

We participate with most major insurance companies, such as Aetna, BlueShield PPO plans, Child Health Plus, Cigna, Excellus plans, Family Health Plus, Fidelis Care, Healthy NY, Lifetime Benefit Solutions, Medicare, MVP Health Care plans, TriCare, The Empire Plan, United Healthcare and WellCare. Some plans may require a referral to receive services at AAIR. *It is the responsibility of the patient to make sure we are in your plan's network of providers, to obtain a referral if required by your plan, and to verify your out-of-pocket responsibility.*

If you do not have medical insurance you will be listed as Self Pay. Payment in full is required at the time of service. *We do not participate with Medicaid. We do not take Worker's Compensation or No-Fault Cases.*

If you have questions or would like an estimate for services, please call the Billing Office at (585) 442-0150 option 5.

Please complete:

Primary Insurance Company _____

Subscriber Name _____ ID # _____

Claims Mailing Address _____

Insurance Phone # _____

Secondary Insurance Company _____

Subscriber Name _____ ID # _____

Claims Mailing Address _____

Insurance Phone # _____

I have read and understand and accept the terms of the AAIR Financial Policy.

Print patient's name

If patient is a minor, print parent/guardian's name
