



FINANCIAL POLICY

Welcome to East Memphis Allergy & Asthma. In order for us to deliver the quality of care that you are accustomed to, we have established financial policies. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

PLEASE READ ALL THE INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW:

1. If you have a change of address, telephone numbers, or employer, please notify the receptionist and we will give you a form to update.
2. It is your responsibility to provide us with the correct information to bill your insurance.
3. **WE WILL COLLECT YOUR DEDUCTIBLE, CO-PAYMENT, OR CHARGE FOR NON-COVERED SERVICES FOR VISITS AT THE TIME OF YOUR VISIT.** If you have an outstanding balance from a previous service, we will also ask for that payment. We accept cash, checks, MasterCard, and Visa. There will be a **\$10 administration fee for any co-pay** that is not paid at the time of service and requires our office to send a statement. *{By Federal Law and Managed Care Contract Law, this office is required to collect co-payment and deductibles for each encounter. Penalty for not following this requirement could result in the termination and cancellation of medical coverage for the patient.}*
4. We will assess a 1.50% monthly interest charge on unpaid balances over 60 days old. Payments received by you on the balance over 60 days will be posted directly to the interest charge first and then to the account balance.
5. We will send monthly statements at the beginning of each month. If a balance is unpaid after 30 days, we will notify you with a reminder letter. The letter will be included with the current month's statement. Once the reminder letter has been mailed, you will have 15 days to contact our billing department for other arrangements or pay the balance. If we have not received contact or payment from you, we will attempt to contact you by phone. Fifteen days from the attempt to contact you by phone, if we have not received payment or contact from you, we will send a final notice. Fifteen days from the sent final notice, if we have not received payment or contact from you, your account will be referred to our collection agency. Payment arrangements are available by contacting our billing department at 901-755-1902.

6. If we do not participate with your insurance, we will file your claims as a courtesy. You will be expected to follow-up to make sure payment is made to us in a timely manner. If we do not receive payment from them within 45 days, you will be billed for any unpaid balance.
7. PPO-HMO PATIENTS: If we participate with your insurance plan, we will bill your insurance for you. **Your co-payment will be collected at the time of service—no exceptions.** If your plan requires you to have an authorization to see a specialist, it is your responsibility to make sure we have a valid referral on file at the time of visit. If you do not have a referral, you will be asked to reschedule your appointment.
8. MEDICARE PATIENTS: We are participating providers with Medicare and will bill Medicare for all your covered charges. If you have supplemental insurance, we will also bill that for you. If payment is not received from your supplemental insurance within 45 days of being submitted, we will bill you for the balance due. If you do not have supplemental insurance, your portion (20% of the amount allowed by Medicare) will be collected at time of service. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
9. SELF-PAY PATIENTS: Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full, you must contact our billing department 901-755-1902 prior to seeing the doctor and/or nurse practitioner to make payment arrangements.
10. Any returned checks are subject to a \$25.00 service fee. Any returned check must be resolved before any future appointment can be arranged.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding our financial policy, please contact our billing department at 901-755-1902.

I understand and agree that I will be responsible for any charges, i.e. attorney fees, collection fees, if East Memphis Allergy & Asthma, PLLC should have to take necessary steps in the form of further collection procedures in order to collect my balance from me.

Patient/Parent Signature

Date

Witness (OFFICE STAFF ONLY)

Date

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