

TRINITY ALLERGY, ASTHMA AND IMMUNOLOGY CARE, P.C.**NATARAJAN ASOKAN, M.D.**

3931 Stockton Hill Road, Suite D, Kingman, AZ 86409 Tel. 928-681-5800 Fax. 928-681-5801
1971 Highway 95, Bullhead City, AZ 86442 Tel. 928-758-6200
285 S. Lake Havasu Ave., Lake Havasu City, AZ 86403, Tel. 928-854-6800

WWW.TRINITYALLERGY.COM

FINANCIAL POLICY NOTIFICATION

Thank you for selecting us as your health care provider. We are committed to your successful treatment. The following is a statement of our Financial Policy. Please read all sections of the policy. If you have any questions or concerns, contact our business office at 928-681-5000. We require this notification to be completed annually prior to the provision of any services.

UNLESS YOU ARE A MEMBER OF ONE OF OUR CONTRACTED PLANS, MEDICAID OR MEDICARE, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA AND MASTERCARD FOR YOUR CONVENIENCE.

CONTRACTED PLANS

Even if Trinity Allergy, Asthma and Immunology Care, P.C. is contracted with your health plan, the majority of members are still required to make some type of payment for service(s) rendered. This patient liability may be in the form of a co-payment, deductible, and/or co-insurance. If your plan has a co-payment, you will be expected to pay your co-payment prior to receiving any service including an office visit and/or immunotherapy. If you have a high deductible plan, you will be required to pay a minimum of 50% at the time of service until we verify your deductible has been made. Co-payments, deductibles, and co-insurance are requirements of your insurance plan not Trinity Allergy, Asthma and Immunology Care, P.C. We are required under our contract with these plans to collect these amounts from you.

POS AND HMO PLANS

Most of these plans require that you obtain a referral from your primary care physician prior to receiving any services in our office. If you do not obtain a referral from your primary care physician prior to receiving services, or a referral cannot be verified by our business office, you have the option of rescheduling your appointment or immunotherapy services. If you keep your appointment and/or receive services in our office it is with the understanding that your health plan may not pay for charges related to the services provided by Trinity Allergy, Asthma and Immunology Care, P.C. and that without a referral you will be responsible for payment of all charges.

SELF PAY/NON-CONTRACTED PLANS

Payment is due at the time of service unless prior financial arrangements have been made with our business office. All previous balances are expected to be paid in full prior to new services being rendered.

DIVORCE SITUATIONS

We look to the adult who has brought the child in for the appointment to be responsible for payment of the services which are rendered to the child. We expect the parents to be able to work out payment arrangements with one another. Our office staff will not participate in any disputes which may arise with respect to financial liability or responsibility.

COLLECTIONS

Should it become necessary for Trinity Allergy, Asthma and Immunology Care, P.C. to utilize the services of an outside collection agency in order to collect the amounts which are due from and owed by you, you may be held liable for collection agency fees and/or attorney fees. The credit agency used by Trinity Allergy, Asthma and Immunology Care, P.C. reports to all three credit bureaus.

I have read the above Trinity Allergy, Asthma and Immunology Care, P.C. Financial Policy Notification and understand my financial responsibility with Trinity Allergy, Asthma and Immunology Care, P.C. I hereby affix my signature as an acknowledgement of this understanding.

Print Patient Name

Patient/Responsible Party Signature

Date