

**ROHR AND COLUMBO ASTHMA, ALLERGY  
AND IMMUNOLOGY SPECIALISTS, P.C.**

**FINANCIAL POLICY**

Rohr and Columbo Asthma, Allergy and Immunology Specialists is dedicated to providing our patients with the best possible care and services while keeping the costs to you from increasing at an unreasonable rate.

We ask your help by understanding and cooperating with our financial policy

**INSURANCES**

We participate with several insurance companies. Please check with your insurance carrier and our Billing Department to see if we participate with your plan.

If we DO participate with your insurance company, all services performed in our office will be submitted to them, unless we have received prior notification of non-covered services. All co-payments and deductibles are the patient's responsibility. All co-payments are due prior to your office visit. If you do not pay your co-payment at the time services are rendered, there will be a \$5.00 billing fee added to your account.

HMO Insurance may require referrals for services. It is the patient's responsibility to obtain the referral prior to the appointment. If a referral is not presented at the time of service, the patient will be responsible for payment in full for that service at the time of service. All HMO patients are responsible for all co-payments prior to the office visit. If you do not pay your co-payment at the time services are rendered, there will be a \$5.00 billing fee added to your account.

If you have a HSA Insurance plan and not met your deductible amount, we will collect our charges at the time of your visit

If we DO NOT participate with your insurance company, you will be responsible for payment at the time of service and it will be your responsibility to file for reimbursement from your insurance company.

It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company and your doctor's bill for the services provided to you is an agreement between you and your doctor.

**PAYMENT FOR SERVICES PERFORMED**

Our office accepts VISA, MASTERCARD and DISCOVER CARD for your convenience, as well as cash or personal checks. All payments are expected at the time of service as stated above and any outstanding balances are due within 30 days, unless prior arrangements have been made with our Billing Department. All balances that reach 120 days past due will be sent to a collection agency. A \$25.00 late fee will be added to all accounts that are more than 30 days past due. Should your account be sent to collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance. A \$35.00 charge will be added for checks returned for insufficient funds.

Payment in full of any past due balance is expected prior to being seen in our office in the future. In addition, payment in full will be expected at the time of service for any and all services.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET HEREIN BY ROHR AND COLUMBO ASTHMA, ALLERGY AND IMMUNOLOGY SPECIALISTS, AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

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Signature of Patient and/or Guardian

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Date