

## OFFICE POLICIES

### 1. Office Fees:

Initial Office Visit, Complete (consult & exam) .....	\$220.00
Initial Office Visit, Short .....	\$171.00
Follow-up Office Visit .....	\$105.00
Pulmonary Function test.....	\$90.00
Allergy Extract (per vial).....	\$224.00
Allergy Testing (depending on tests) .....	\$450.00 to \$750.00

### 2. Financial Arrangements and Medical Insurance:

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our office manager, which may require a check of your credit prior to approval. We accept cash, checks, MasterCard, Visa, American Express and Discover, with proper identification. If you are a member of an insurance network which lists our physicians as contracted providers, we will file with your insurance company for you, after your deductible and co-payment have been made. We may be able to file with other insurance companies for your initial allergy testing only. We must emphasize, however, that your insurance is a contract between you, your employer and the insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

Any outstanding balance on your account must be paid in full before new allergy extract will be provided. All reassessment charges are payable at the time of visit. No insurance will be filed after the original testing, unless you are a member of one of our insurance groups.

3. After reaching maintenance dosage you are to schedule an office visit with the doctor at least once every 2 to 4 months, with your new bottle of serum. Periodic evaluation (or reassessment) of your physical condition is important in your progress toward better health.

4. No prescriptions will be refilled, nor appointments taken after office hours or on weekends.

5. If weather is severe or threatening and you are coming for an allergy injection or office visit, please call ahead to be sure that we have not closed to allow our employees to travel safely to their homes.

6. Your privacy as our patient is of utmost importance to our office. Our office requires your authorization and consent before disclosure of your personal health information for the purposes of treatment, payment, or healthcare operations. You have the right to request access to and obtain copies of your medical record.

7. If you have any complaints about our office policies and procedures or do not feel that our office is complying accordingly, please call or write the office and state your complaint. The office manager will insure that your physician reviews your complaint, and you will receive an explanation of our actions or reasonable response to meet your needs.

WE FEEL THAT YOUR COOPERATION IN ALL OF THE ABOVE WILL SERVE TO STREAMLINE OUR OFFICE PRODEDURES AND PROMOTE A MUTUALLY SATISFACTORY RELATIONSHIP BETWEEN OUR OFFICE AND YOU.

THANK YOU.