

# *Richmond Allergy and Asthma Specialists, P.C.*

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## **FINANCIAL POLICY**

It is the philosophy of Richmond Allergy & Asthma Specialists to work with and be fair with all patients when it comes to financial matters. To ensure that we maintain financial stability and can continue to provide medical services to the community and region, the following credit policies shall be enforced. If you have any questions or need for special consideration, please do not hesitate to call our business office.

**Payment Responsibility:** The patient is ultimately responsible for all charges incurred. For minor patients, **the parent bringing the minor child for the initial office visit for treatment will be considered the financially responsible party.**

**Assignment of Benefits:** The practice will bill insurance plans as a courtesy for our patients if the patient provides the required insurance information and signs an assignment of benefits statement. It is recommended that the patient also verify allergy benefits with the insurance company prior to coming in for the initial appointment.

**Non-Covered Services:** Payment for all charges which are not covered by insurance is due and payable at the time of service. This includes any deductibles, co pays and/or coinsurance and durable goods. **No statements will be generated for patient balances less than \$5.00. Patients are responsible for the balance on their account and the balance will be collected when the patient is in the office.**

**Third Party Litigation:** The practice will not become involved in disputes arising from third party claims (i.e., automobile accidents, liability claims, etc.) with the exception of *verified* Workers' Comp claims, or claims involving Medicare.

**Uninsured Patients:** When patients are not covered by insurance all incurred charges are due and payable at the time of service unless prior arrangements are made with the business office.

**Payment Agreements:** When a balance due cannot be paid at the time of service or when the balance becomes due, a payment agreement will be required in order to approve payment arrangements.

**Payment Arrangements:** If a patient is unable to make full payment of the patient balance when due, the balance due must be paid within 90 days of the service.

**Payment Methods:** The following payment methods will be accepted: Cash, personal checks, money orders, VISA, MasterCard or Discover.

**Return Check Policy:** Any returned check will incur a \$35 fee that will be added to account balance. After two returned checks, future payments must be made by cash, money order or credit card (Visa, Discover, or MasterCard).

### **Delinquent or Bad Debt**

**Accounts:** Patients with unpaid or delinquent accounts or accounts which have been transferred to collections may be denied treatment for non-emergency services. Services provided will be on a **cash only** basis.

### **Referral for Outside**

**Collections:** Accounts that cannot be collected by the business office after normal in-house collection procedures may be referred to a collection agency, magistrate or attorney for further collection action.

**Refunds:** Overpayments will be refunded to the appropriate party, normally the insurance company or guarantor. Patient refunds will not be processed until all active or past due accounts are paid in full. **Refund of less than \$5.00 will not be issued unless specifically requested.**

**Please note in signing and dating below, you are acknowledging that you have read and understand the Financial Policy of Richmond Allergy & Asthma Specialists.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **MR#:** \_\_\_\_\_  
(office use only)