



FINANCIAL MATTERS

Allergy, Asthma & Immunology Associates, P.C. of Omaha and Lincoln, is extremely pleased to provide care to you and your family. The following details outline our clinic's financial policy:

We must emphasize that as a medical practice, our relationship is between you and our physicians, not the insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, it is often necessary for you to inquire and explore your benefits with your insurance carrier. The patient is responsible for any portion of the charges deemed non-covered or noted as "Patient Responsibility".

AAIA is a private practice (independent) clinic. AAIA is not directly affiliated with outside laboratories, clinics, pharmacies, or physicians; when AAIA physicians write lab orders, our physicians are not liable for the charges, fees, and bills you may receive when you have services or labs drawn through these non-AAIA entities. AAIA emphasizes that new and established patients must: a) check with their specific insurance plan to determine which of AAIA's physicians and locations are "in-network" for their benefits; b) check in advance with their insurance plans to determine coverage and exclusions; c) check in advance with laboratories, non-AAIA physicians, and pharmacies, to understand the services, charges, and patient financial responsibilities that they will have with the non-AAIA entities.

The patient is required to present an insurance card(s) at each visit. Failure to provide this information may result as a "self pay" patient. If you have no insurance coverage or your charges are subject to a large yearly deductible, a minimum down payment of \$200.00 towards the balance is expected at the time of your visit if you are a NEW patient. A minimum down payment of \$100.00 towards the balance is expected at the time of your visit if you are an ESTABLISHED patient. Our fees are subject change. Per the No Surprises Act of 2022, if you would like a Good Faith Estimate of the costs for services/procedures anticipated to be rendered, please contact our Business Office. Additionally, our Business Office will contact you to establish a formal payment plan for the remaining balance.

Our office files all insurance claims, however, we may not be participating providers for all insurance plans. **It is your responsibility to check with your insurance payer before your visit to see if AAIA is in network with your plan. Services listed as "covered" by your plan, are still subject to the patient financial liability for their deductibles, co-insurance, and co-payments (as outlined in your plan).**

Note that when referring to your plan benefits and coverage, the physicians, and mid-levels (physician assistants, nurse practitioners) at our clinic, are categorized as specialists.

All co-payments are due at the time of service, including injection patients who have a co-payment/co-insurance payments associated with each administration injection.

If your insurance provider requires a referral, such as Tricare Prime members, **you** are responsible for getting a referral to our office from your primary care (PCP) doctor. This must be done no later than **48 hours** prior to your appointment. We follow guidelines set forth in those plans and services cannot be rendered if proper authorization has not been given. Please have your referring doctor fax the referral to (402) 464-3650 or call (402) 464-5969.

Once the insurance company has processed the claim, you will receive a billing statement which shows the patient responsibility portion of your services.

- Payment in full is expected when you receive your statement. Checks or credit card payments may be mailed to PO Box 82596, Lincoln, NE 68501. Payments in cash or by check are accepted in person at all locations.
- Payments by credit card (Visa®/MasterCard®/Discover®/American Express®) are accepted in person or over the phone by calling our Billing Office at 402-417-7477.
- If you are unable to pay your balance in full at the time you receive your statement, please call and speak with one of our billing staff to set up a monthly payment plan.
- A \$50 Service Fee will be added to all checks returned for insufficient funds. If your check is returned, you will be required to pay cash, money order, or credit card for the services.

Our entire staff is committed to giving all our patients the best service and care. Due to the high demand for appointments, Allergy, Asthma and Immunology Associates, P.C., has a "no show policy". **Our office may charge a \$25 fee for no-shows and cancellations with less than 24 hours notice.** This fee may be subject to change without notification. Exceptions may be made for extenuating circumstances. The payment of this fee is the responsibility of the patient, not of the insurance company. Please make note of your appointment date. As a courtesy, our staff will attempt to confirm your appointment two (2) or more days in advance. Please keep all contact information current. In the event that we are unable to reach you, it is still your responsibility to keep your appointment.

I understand and agree to the terms of this Financial Policy:

Signature of Patient/Responsible Party

Date:

Print Patient Name/Responsible Party