



Midwest Allergy and Asthma Clinic, P.C. is pleased to have you as a patient. The following details outline our clinic financial policy:

- We must emphasize that as a medical practice, our relationship is between you and our providers, 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. **You, as the patient, are responsible for any portion of the charges deemed non-covered or noted as "Patient Responsibility".**
- Each patient is required to present current insurance information when scheduling an appointment. The patient should come prepared to present an insurance card at each visit. Failure to provide this information may result in a classification as a "self pay" patient. Please refer to the paragraph below addressing the responsibilities of patients with no health insurance coverage.
- A copy of the patient's Drivers License or personal identification card (i.e. photo ID) will be requested at each NEW patient visit and may be requested at each subsequent REVIEW visit.
- Our Business Office staff is available to discuss potential charges with you. However, there is no guarantee of exactly identifying billed charges prior to the visit as decisions for treatment are based on the information presented to the provider during the visit and services are provided accordingly. The payments mentioned below reflect an estimate of the charge for only the office visit. Any testing or other services will be in addition to the office visit cost. These additional fees vary depending on the extent of the testing and the time required.
- **PLEASE NOTE: Testing and additional services provided during the visit will incur separate charges that are billed in addition to the office visit fee. For example, if it is determined that skin testing is needed, each test has a fee of \$15.00. So, if 10 tests are performed, there would be \$150.00 billed for these services. A co-pay would not apply and these charges would go toward your deductible or, if no insurance, be added to the total amount owed.**
- **If you have no health insurance coverage ("Self Pay") OR**
- **Your charges are subject to a large yearly deductible (\$1,500 per individual or greater):**
 - **An initial payment of \$200.00 towards the balance of your office visit is expected at check in during your NEW patient visit.** This initial payment amount is **NOT** payment in full. The actual balance will be determined after insurance has processed. Applicable co-pays may also apply.
 - **An initial payment of \$100.00 towards the balance is expected at the time of your visit if you are an ESTABLISHED patient.** This initial payment amount is **NOT** payment in full. The actual balance will be determined after insurance has processed. Applicable co-pays may also apply.
 - If you are a "Self Pay" or "high deductible" injection patient, we would expect that your extract balance is zero before your next order of extract is due.
 - If the balance of your charges is not paid in full within the first 30 days after your initial statement, you will be contacted by a Business Office counselor to establish other arrangements.
- **Our office files all insurance claims.** However we may not be participating providers for all insurance plans. **It is ultimately the patient's responsibility to ensure coverage at the time of service.**

- **All co-payments are due at the time of service, including injection patients who have a co-payment or co-insurance payments associated with each administered injection.** Repeated disregard and/or failure to pay co-payment amounts at the time of service may result in the need to reschedule your appointment.
- If you belong to an **HMO** that requires a written referral, you are responsible to obtain the referral from your primary care physician. Without the required written authorization, it will be necessary for you to reschedule your appointment or sign a waiver accepting financial responsibility for the entire balance of that day's services.
- If your current condition is a **work-related illness or injury**, you must provide the name of your workers compensation carrier, claim number, mailing address, and the name and phone number of a contact person/human resources person from your place of employment. We will gather your regular insurance information in the event your workers compensation claim is denied. **To protect you from liability for unauthorized services, we also require patients with HMO coverage to obtain a referral for all services, should the workers compensation carrier deny your claim.**
- Once your insurance company has processed your claim, you will receive a **statement** showing the patient responsibility portion of your services. Statements are processed four (4) times per month and are sectioned alphabetically, so you should receive your statement at approximately the same time each month.
 - **Payment in full is expected when you receive your statement, unless other arrangements are made with our Business Office.** Your statement will have a code that can be used to pay through our portal. Checks or credit card payments may also be mailed to our Business Office at 16945 Frances Street, Omaha, NE 68130. Payments in cash or by check are accepted in person at all locations. For your convenience, payments by credit card (Visa/Mastercard/Discover/American Express) are accepted in person or over the phone by calling our Business Office line at 402-397-7400, Option 4.
 - **If you are unable to pay your balance in full at the time you receive your first statement, you have the following option:**

You may set up a 0% interest payment plan with Midwest Allergy and Asthma Clinic, P.C. with a minimum payment that is the greater of \$50.00 or that will pay off the balance within 6 months. You will need to leave a credit card on file with our office to run your monthly payments. Payments will be established on the date of your choosing.

- Collection activity includes but is not limited to an attempt to reach you by phone or by sending a final notification letter. If attempts by our clinic to make payment arrangements fail, your account will be turned over to a professional collection agency. Please understand that the agency will use letters and robo-calls in their attempts to contact you to make payment. Accounts that are being considered for collection activity will have limited privileges for future appointments, prescription refills, allergy injections, etc. These limitations will be discussed with your treating physician. Continued failure to make reasonable payments on an account may result in discharge from the practice.
- In the event of a **divorce or separation**, the party responsible for the account of a minor child will be the custodial parent unless a copy of the divorce decree or separation agreement is provided that details another party's responsibility. Although it is the intent of MAAC to cooperate with such legal declarations, it is the responsibility of both parents to make certain the account is settled in full and to provide adequate information for filing insurance.
- There is a \$25.00 fee for all **returned checks**. Accounts that incur such charges will be placed on CASH only for all future services subject to the discretion of the Business Office Manager or Practice Administrator.
- Our goal is to help you understand your financial responsibility. If you have any questions prior to your visit or after you have received the explanation of benefits from your insurance company or your statement, please do not hesitate to call our Business Office during the hours of 8:00 am - 4:30 pm Monday through Friday at 402-397-7400, Option 4. Our Business Office is closed on Saturdays.