



Financial Policy

Thank you for choosing Iowa Allergy for your allergy, asthma, and immunological needs. Iowa Allergy is dedicated to providing you with the latest evidence-based medicine and care. Our mission is to provide the same care we'd like our own family to receive, every patient, every time. We are privileged to be involved in your health care.

This document provides an overview of the patient's financial responsibilities. Should you have further questions, please ask to speak to a member of our management team.

Payment

We require patients to make payment for all billed services at the time service is rendered. This includes all copays, coinsurance and deductible amounts. We accept cash, check, electronic transfer, and most major credit cards for your convenience. There is a \$25 returned check fee. At the visit, you will be required to pay an estimate of your total cost of the visit, based on your insurance copay, coinsurance, deductible, and benefits. Any remaining credit or debit will be determined when your insurer provides us with an Explanation of Benefits (EOB), and a refund (upon your request) or a bill will be mailed to you.

Insurance

You must provide your insurance card or proof of insurance at the time of each visit. We are contracted with most major insurance companies and will file a claim to your insurance company on your behalf. Every plan has different stipulations regarding payment for services, **it is your responsibility to understand your benefits**. If you do not inform us of any special requirements in your insurance contract, such as referrals or pre-authorization for treatment, and your insurance company does not cover these charges, we will bill you directly. This is also our policy in the event of claim refutations, such as medical necessity or pre-existing condition denials.

Uninsured

If you do not have insurance, are unable to provide proof of insurance, or are on a plan in which we do not participate, full payment is required at the time of your visit. It is very important that you become familiar with your insurance plans and understand its benefits. If for some reason you are unable to pay at the time of service, please request to speak to a member of management for consideration of payment plans.

Services Provided

Common services provided by Iowa Allergy include an office visit, skin testing, pulmonary function testing, ingestion challenges, food desensitization, skin biopsy, and subcutaneous immunotherapy (allergy shots) and sublingual immunotherapy (allergy drops). Sublingual immunotherapy is not a covered service under any insurance company - full payment is due prior to vials being made. For food desensitization patients, we will verify your benefits on your behalf and advise you if it is a covered service with your insurance company. If it is not covered, the patient is responsible for full payment of desensitization costs incurred.

Cancellations & No-Shows

In order for us to maintain great patient care and ensure timely access to care for our patients, we require at least 24-hour notice for any cancellations or rescheduling of a previously scheduled appointment. We appreciate you as a patient, and your cooperation in complying with this policy will assist us in providing the best access to care possible to all our patients. Failure to cancel or reschedule appointments at least 24 hours in advance will result in a fee. This fee is not covered by your insurance company; therefore, you will be responsible for the payment. We ask that you put a credit card on file to be charged if the need arises. Your credit card information is protected and will not be charged without reason to do so. If you no-show/no-call 3 times within a 12-month period, you may be discharged from the practice.

Medical Records and Itemized Statements

You may request copies of your medical record in writing. We will provide copies of required medical records to other medical practitioners free of charge via fax/email. Requests that are 10 printed pages or less will also be free of charge. Printed copies over 10 pages will be charged a rate to cover the costs of staff time and printing. This rate is \$15.00 for records 11-40 pages and \$0.50 per page for records over 40 pages. We will provide you with your copies within 7 days of receiving your written request.

Miscellaneous Fees

As you know, the entire health care industry is undergoing an unprecedented amount of change that is affecting us all. Insurance companies and the government may lower reimbursements, change what they will cover and mandate expensive, new business practices. As a result, we need to charge for certain requests. These additional charges are not meant to impede patient care, but to allow the physicians and staff time to address patients' needs. The charges are intended to represent the time required for the service provided.

- FMLA Forms - \$ 50.00
- Serum Shipping and Handling fees - \$7.00
- New pumps for allergy drops - \$6/pump

Outstanding Balance

Any outstanding balance that is not paid within three months from date of service will be sent to collections unless otherwise discussed with management of Iowa Allergy. If you are not able to pay your bill in full due to financial hardship, please contact us to make payment arrangements - we will be happy to work with you to accommodate your financial needs. Thank you for choosing Iowa Allergy.