



# Payment Policy

## PAYMENT POLICY

### Proof of Insurance:

All patients must complete our patient information forms before seeing the provider. We must obtain a copy of your current, valid insurance card for proof of insurance. If you fail to provide us with the correct insurance information at the time of service, you may be responsible for the balance of your claim.

### Co-payments and balance dues:

All co-payments and balance dues must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

### Claims submission:

We will submit your claims to your insurance provider and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. **Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.** Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

### Monthly billing statement:

After your insurance company pays Apex Allergy & Immunology, you will receive a monthly billing statement, which indicates your balance due and/or deductibles due. These amounts are payable to Apex Allergy & Immunology. The balance due amount is payable in full within 10 days of receipt of the monthly billing statement. If you have questions about your account, please call (864) 720-2739.

### Insurance:

We participate in most insurance plans. If you are not insured by a plan we do business with or do not have insurance, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Apex Allergy & Immunology **does not** file claims with any **secondary** insurance companies.

### Coverage change:

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 90 days; the balance will automatically be billed to you.

### Non-payment:

Partial payments will not be accepted unless otherwise negotiated with the billing department. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. You will be responsible for any collection or legal cost associated with collecting your account. If this is to occur, you will be notified that you have 30 days to find alternative medical care. During that 30 day period, our providers will only be able to treat you on an emergency basis.

### Missed appointment:

In order to achieve the best appointment availability for our patients, we have a "no show" policy for missed appointments. Three no show appointments within a 12 month period will result in eligibility for discharge from the practice for the family. We understand the potential for unforeseen circumstances that can arise that may cause a late arrival or missed appointment. If this happens, please call us as soon as possible so we can change your appointment status accordingly and make it available for another patient.

### Non-covered services:

Please be aware that some-and perhaps all-of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. Since all insurance plans are different, please contact your insurance company or HR department for detailed information about what is covered or not covered including allergy testing, immunizations, etc. You will be billed and responsible for all non-covered services.

### Forms of payment:

Apex Allergy & Immunology accepts payments by check, Visa, MasterCard, and debit cards bearing these logos. Payment is expected at time of service. There is a \$50.00 fee for any checks returned for insufficient funds.