

ASSOCIATED ALLERGISTS & ASTHMA SPECIALISTS, LTD  
FINANCIAL POLICY FOR PATIENTS

1. Co-pays for services are due at the time of service.
2. You are responsible for any outstanding balances, amount not covered by insurance, within 30 days of receiving your statement. If unpaid, you will be sent to collections which will appear on your credit bureau. You will also be responsible for any fees that the collection agency charges. This will happen if no payment arrangements are made and payments are not being made.
3. As a courtesy to our patients, you may call the business office to set up a 3 month payment arrangement. All balances due are to be paid within 3 months from the first date of service.
4. Any bounced or non-sufficient fund checks will receive a \$25.00 penalty charge.
5. To continue as a patient in this practice, all financial obligations must be paid in full. This includes your balances in full and any collection fees involved in the collections of your account.
6. You are responsible to know and monitor your own insurance benefits on an annual basis, as well as informing our practice when you have new insurance. Important things to pay attention to are the copayments, fee for service, deductibles and other services that may not be covered by your insurance plan.
7. You will be responsible for any non- covered services your insurance company does not cover.
8. Requests for medical record copies may be charged following the guidelines set by the Illinois law (act 92-228) if more than 5 pages of your record needs to be mailed out.

I understand the above stated financial policies of Associated Allergists and Asthma Specialists, Ltd.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Signature

\_\_\_\_\_  
Date Signed