

FINANCIAL AGREEMENT

Allergy Specialists of the Palm Beaches we strive to provide you and your family with the best care. To help you understand our policies, please read this agreement. If you have any questions please clarify with our staff before signing. Your signature acknowledges that you understand this agreement.

I understand and agree that

- I am financially responsible for all professional services rendered to me.
- Payments are due at the time services are rendered.

**IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY NEW INSURANCE OR
DEMOGRAPHIC CHANGES.**

As a courtesy our office will file your insurance if proper information is received. Please be aware that you are responsible for:

- Co-pay, coinsurance, and/ or deductible payments are due at the time of visit
- Referral and/or Authorizations from your Insurance carrier (if required). Please obtain from your Primary care physician and have it sent to office before date of service.
- Follow up with your insurance carrier on unpaid claims, unpaid claims past 60 days will become patient responsibility to be paid in full.

SERVICE FEES FOR ALLERGY SPECIALISTS OF THE PALM BEACHES:

- There is a \$5.00 fee each time we bill you for unpaid balances, after the first statement.
- There is a \$25.00 for each missed appointment. Mandatory 24 hour notice if you need to cancel.
- There is a \$32.00 fee for checks returned from the bank.
- There is a \$25.00 fee if your account is sent to a collection agency, In addition to, but not limited to, **postage, court** fees, attorney fees, and collection agency fees.

Your cooperation with our office policies is appreciated.

PATIENT AUTHORIZATION

I authorize Allergy Specialists of the Palm Beaches to:

- Submit Medicare or other insurance claims using my signature on file below.
- Be paid directly for medical services described on the claim form by the practitioner indicated.
- Release medical records when necessary to authorized physicians and hospitals.
- Consent to medically treat.

Patient's or Guarantors signature

Parent/Guardian if minor

Date