

Welcome To Our Practice!

Thank you for choosing AAAI to partner in your healthcare needs. We are committed to providing you with quality and affordable health care. Below are our office and financial policies. Please take a moment to read this in its entirety. If you require additional clarification, or have questions about these policies, please contact our office and we will be happy to assist you. A copy will be provided upon request.

- **Phones.** Telephones are answered Monday thru Friday from 8:00 am to 5:00 pm.
- **Emergencies.** Our practice has full-time coverage for patient emergencies that may occur after hours. If a problem arises during a time when the office is closed, simply call the office at (602) 843-2991 and the answering service will contact the doctor on call. Your call will be returned in a timely manner. **Please note that routine prescription refills and referrals are not considered emergencies and will not be done after hours.**
- **Prescriptions.** All prescription refill requests should be called in to your pharmacy. Your pharmacy will then contact the office if authorization is needed. Your refill requests will be handled by the practice within 24 hours after your pharmacy's request is received.
- **Test Results.** Should you have any laboratory work or other diagnostic testing done through our practice, you will be notified of the results as soon as they are available. All results must first be reviewed by the provider. After review, you will be notified.
- **Records Release.** It takes our office 5 business days to process medical records requests. Medical records will be released to any physician upon your written request and authorization as a courtesy. The fee for "non-treatment" medical records release is \$0.25 per page and payment is required upon release of the medical record(s).
- **Forms Completion.** Completion of forms for insurance purposes, such as application for insurance coverage, disability, or FMLA leave, will be billed to the patient, or representative that requests completion of the forms, at a fee of \$30.
- **Telephone Consultations.** Our office charges for telephone consultations initiated by the patient or the patient's guardian. Fees are updated in conjunction with the Center for Medicare and Medicaid Services fee schedule updates.
- **Referrals/Authorizations.** Referrals/authorizations from your Primary Care Physician or Insurance Carrier approving visits to our office, diagnostic facilities, or labs can take several days to retrieve. **You are required to contact your Primary Care Physician (PCP) at least 1 week in advance to notify them of your appointment.** Failure to do so may result in your referral/authorization being denied by your PCP and/or insurance company; therefore making you responsible for any and all charges incurred during your visit.
- **Insurance and Payment Policies**
 - **Proof of Insurance. We ask that you present your insurance card to us at every visit.** If you fail to provide us with the correct insurance information at each visit, you may be responsible for payment for all services provided.
 - Your health insurance contract is between you and your insurance company. Knowing your insurance benefits is your responsibility. Any questions or complaints regarding your coverage should be directed to your insurance company.
 - We are contracted with most insurance plans. If you are not insured by a plan we are contracted with, payment in full is expected at the time of

service. If you are insured by a plan we are contracted with but don't have an up-to-date insurance card, payment in full is required until we can verify your coverage.

- If you are uninsured please contact our Business Office at (602) 843-2991 ext. 1410 or 1420 to obtain quotes for impending services.
- **Co-Payments/Deductibles.** Your insurance company requires us to collect co-payments and/or deductibles at the time of service. Waiver of co-payments and/or deductibles may constitute fraud under state and federal law and/or the contract terms of your insurance company. Please help us in upholding the law, and complying with the contract terms of your insurance company, by paying your co-payment and/or deductible at each visit.
- **Non-covered Services.** Please be aware that some or all of the services you receive may be non-covered or not considered medically necessary by your insurer. You must pay for these services in full.
- **Claims Submission.** We will submit your claims and assist you in any way we reasonably can to help you get your claim(s) paid. Your insurance company may need you to supply certain information directly. It is your responsibility to promptly comply with their request.
- **Account Balances.**
 - Account balances are to be paid in full unless acceptable payment arrangements have been established with our billing office.
 - Payments made to satisfy account balance(s) will always be applied to oldest date(s) of service.
 - Unpaid balances over 90 days will be referred to a collection agency and may subsequently prompt discharge from this practice.
 - If you need assistance coordinating payment from your insurance company, establishing a payment plan, or have difficulty making your co-pay or deductible, please contact the Business Office at (623) 935-3000 ext. 1410 to speak with the Business Office Manager.
- **Allergy Serum.** Patients receiving allergy serum and injections are generally responsible for paying for some of their care. The exact amount is determined by your insurance plan, and will vary depending on how much of your deductible, if any, has been satisfied. It is very difficult to accurately project your individual costs in advance of final notification from your insurance plan, but we can give general guidelines as follows:
 - The serum is mixed all at one time, and generally billed out during the first visit, with subsequent fees for the professional component of administering the medication billed out at each visit. The billed charges for the "serum-only" average \$1,600 for a one-year supply; most health plans pay between \$800 and \$1,000 for this medication.
 - The average allergy injection patient will have 60 visits over a one-year period of time, and will incur billed charges for the administration that average \$25 - \$30 per visit. Most health plans pay roughly 50% of these charges, unless there is an alternate co-pay requirement for allergy injection visits.
 - If you have a high deductible health plan and have **not** satisfied the deductible limits, you could be liable for the contracted amount of the one-year supply of serum on your first visit, plus the amount for the medical administration fee, which averages \$25 - \$30 per visit. On subsequent visits you would be responsible for only the administration fees, because the serum fees will have already been paid for the full year.

- **Charge Estimates.** Patients and responsible persons may receive charge estimates for services. Please remember this is an estimate only. Final charges are based on physician orders and total services provided.
- **Pre-Registration.** When you schedule an appointment for any of our office locations you may be contacted by one of our Pre-Registration staff to obtain and/or verify your demographic and insurance information prior to your visit. Providing this information will save you time the day of your service. The Pre-Registrar will take time to explain your insurance coverage and any deductibles or co-insurance that may be due from you.
- **Dual Custody of Children.** In cases where parents have dual custody over a minor child, or where there is a legal document assigning rights to one parent, our policy is to assign financial responsibility to the parent who authorizes treatment for the child. This authorizing parent is responsible for paying the guarantor's share of the treatment costs. If you are in this situation, and there is a legal document assigning financial responsibility to another party, it is your responsibility to make payment arrangements with the other party in advance of the child's appointment, and to ensure that payment flows through you to AAAI for the treatment.
- **Missed Appointments/Cancellations.** A \$25 Missed Appointment fee will be assessed for appointments not cancelled or rescheduled with a minimum of **24 hours advance notice**. This fee will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment(s).

Thank you for understanding our policies. Please let us know if you have any questions or concerns.

I have read and understand the office policies and agree to abide by their guidelines:

Signature of Patient or Responsible Party

____/____/____
Date