

UMA D. GAVANI, M.D.
Diplomat of American Board of Allergy and Immunology
FINANCIAL POLICY

Thank you for choosing us for your asthma and allergy healthcare. We are committed to providing you with the very best care possible. The following is a statement of our financial policy that outlines patient and practice financial responsibilities.

MANAGED CARE INSURANCE: PPO, POS & OTHERS: Claims will be filed with your insurance company. You will be responsible for all co-pays, co-insurance, deductibles and services not covered by your plan. Financial responsibility for services rendered rests with the patient regardless of any insurance coverage. Although we will do everything possible to facilitate reimbursement from your insurance company, we cannot guarantee payment of your claim. Insurance follow-up is the responsibility of the patient. If the claim becomes the patient's responsibility, the claim must be paid within 30 days.

HMO'S: The patient is responsible for obtaining and maintaining valid referrals for any and all covered services. If the patient chooses to undergo any service without a valid referral, the patient is financially responsible for the full charges. Any co-pay is due at the time of service.

ALL INSURANCE CARRIERS: As a courtesy, we will file a claim with your insurance for any medical service rendered. Your insurance is a contract between you, your employer and the insurance company. We are not parties to that contract. Follow-up with your insurance is your responsibility. If a claim is not paid within 60 days, it will be considered the patient's responsibility.

SECONDARY INSURANCE: We do not accept secondary insurance except in cases where the primary insurance is Medicare. If you would like to bill your secondary insurance, you may request a receipt for services rendered at the end of each visit, and submit those claims directly to the secondary carrier.

SELF-PAY PATIENTS: Full payment is due at time of service. We accept cash, personal checks, credit and debit.

CHANGE OF INSURANCE: It is your responsibility to provide our office with any insurance changes. Claims denied due to "untimely filing" would be patient responsibility if we were not initially provided with the correct billing information, which resulted in late submission.

MEDICALLY NECESSARY SERVICES: The insurance company may deny some services as not medically necessary; the patient is financially responsible for all billable services.

STATEMENTS: regardless of any claim pending, if there is an open balance a statement may be sent to you once a month. Any patient balances remaining after insurance payment must be fully paid within 30 days. Shot patients who visit our office on a regular basis are normally not sent statements; instead, we ask that shot patients stop at the front desk at least once per month to settle any outstanding balances.

COLLECTION AND NSF CHECKS: Delinquent accounts will be forwarded to a collection agency. A collection fee of up to 50% may be added to unpaid balance to recover our costs of collection. In the event that litigation is necessary, you will be liable for court costs and attorney fees as well. A \$25.00 fee will be charged for NSF checks.

MEDICAL RECORDS: Your medical records will be held in the strictest confidence. If you request that a copy of your records be sent to another physician or to yourself a written authorization will be required as well as a \$25.00 processing fee. Only your own records will be forwarded. Should you bring in another physician's records to us, you might consider keeping a copy for your records.

By signing below, I acknowledge that I have read and understand the information presented above and wish to receive diagnostic and treatment services from Uma D. Gavani, M.D. I agree to be fully responsible for any and all charges for services rendered and not covered by my insurance plan.

Patient Name-PLEASE PRINT

Signature of Patient, Parent or Legal Guardian

Date