

Park Cities Allergy & Asthma
Vinita Schroeder, M.D. P.A.

Financial Policy

Thank you for choosing Park Cities Allergy & Asthma for your care. As a new patient, we thought you would have questions about our financial policy and have provided the information below.

1. Payment is due at the time services are rendered. It is important for you to understand that your charges, co-pays, deductibles and services not covered by your insurance company, are your responsibility. We accept Cash, Personal Checks, Visa and MasterCard. There will be a fee for checks returned unpaid.
2. We have contracts with most of the major insurance carriers and will file claims as a courtesy to you.
3. If your insurance changes during the course of treatment, you must notify us immediately. If you do not notify us and charges incurred are not covered by your new plan, you will be responsible for payment.
4. HMO patients can not be seen without a referral from your Primary Care Physician. You will need to obtain a referral prior to your visit. If a referral is not received at our office prior to your arrival, your appointment will need to be rescheduled.
5. Medicare patients are responsible for your deductible (if it hasn't been met) and coinsurance at the time of service. Your secondary insurance does not cover deductibles and coinsurance.
6. If you don't have insurance, payment in full is due at the time of your visit unless other arrangements have been made prior to your visit.

If you have questions or need further information on our Financial Policy, please ask to speak with our Office Manager.

I have read and understand Park Cities Allergy & Asthma's Financial Policy.

I authorize payment of medical benefits to Park Cities Allergy & Asthma, Vinita Schroeder, M.D. P.A., for services performed.

I agree to pay all charges that are my responsibility.

Signature of Patient or Patient Representative
(if patient is a minor) / Guarantor

Date