

ALLERGY, ASTHMA & IMMUNOLOGY CONSULTANTS, INC.

M.K. PUNJA, M.D.

1173 NW 64th Terrace * Gainesville, FL 32605

FINANCIAL POLICY

As your physician, I am committed to providing you with the best possible medical care. In order to achieve this goal, we need your assistance and understanding of our payment policy. We hope the following will help.

PAYMENT FOR SERVICES ARE DUE AT THE TIME SERVICES ARE RENDERED. Our office accepts cash, checks, Visa or MasterCard as payment. Returned checks are subject to a service charge of \$25.00 or 5% of the face value, whichever is greater, and you will lose your privilege to write checks in our office. We understand that situations occur when it may be necessary to request us to bill you rather than paying at the time of service. We are able, at any time, to set up a payment plan. Don't hesitate to ask.

INSURANCE COVERAGE: Dr. Punja is a participating provider in many health care plans. We also accept assignment for Medicare. As a courtesy to our patients, we will file your insurance claim. Co-payments and applicable deductibles are due and payable at the time of service. Checking on payment of claims is the patient's responsibility. Due to the number of insurance companies that we file, we are unable to keep track of every account. *****If you are on an HMO/Managed Care insurance program, please verify with your primary care doctor that you have a current authorization number to see Dr. Punja. If you do not have one, you will be responsible for the full amount of all office visits.**

CHILDREN OF DIVORCED PARENTS: Payment is due at time of service no matter who is responsible by order of the divorce decree.

FINANCIAL AGREEMENT: We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

- 1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.**
- 2. Not all services are a covered benefit in all contracts. Some insurance companies select certain services that they will not cover (example: allergy shots/extract).**

We must emphasize that as your medical care provider, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.** Collection actions will be taken on any account that is over 120 days, including those that insurance has not paid.

All monthly statements are due and payable upon receipt. It is your responsibility to keep the office informed of any changes in address, health insurance, primary physician and telephone number(s).

No question is too small for you to ask us, whether it is regarding your treatment, insurance or statement. We ask that you call or come by during our office hours. The office hours are Monday & Thursday - 7:30am to 5:30pm, Tuesday & Wednesday - 7:30am to 4:00pm. **WE ARE HERE TO HELP!**

Signature: _____

Date: _____