



Minnesota
Allergy & Asthma
Clinic, PA

Phone Number: 952-223-3050 Fax: 952-223-3041

Financial Policy

Thank you for allowing Minnesota Allergy & Asthma Clinic, PA the opportunity to provide medical care to you or your family. We are committed to providing the best care possible to all of our patients. Your clear understanding of our financial policy is important to our professional relationship. Please take a moment to review our policies. If you have any questions, feel free to contact our business office.

Our commitment to you regarding the insurance payment process is to:

Submit all claims for you.

Communicate and work with your insurance company(ies) to receive payments.

Provide prompt, professional, friendly customer service in responding to all of your inquiries.

Provide the most accurate information in the timeliest manner.

Our expectation of you:

Provide accurate information regarding your insurance.

Update this information with us whenever there are changes.

If you have concerns regarding your financial responsibilities contact our business office and we will work with you to develop a plan to address these concerns.

We must emphasize that as a medical care provider our relationship is with you, the patient, not the insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract.

Payment Policy:

All copays, coinsurance, and deductibles are due at the time of your visit.

Patients with unpaid balances are mailed a monthly statement. Payment is due within 10 days of receipt of the statement.

OVER

Many patients now have Medical Savings Accounts (MSA) or high deductible insurance plans that require payment be made directly to the clinic. If you have such an account, our business office will work with you to develop a payment plan to meet your unique needs.

If you do not have health insurance, we will require an initial payment of \$350.00 at the time of service. The remaining balance will be due in 90 days unless other arrangements are made with the business office.

Non-covered services, denied bills or slow payments by an insurance company will be billed directly to you.

Allergy injection therapy serum orders must be cancelled within 24 hours to avoid a patient charge for serums.

We understand that medical expenses can often affect your budget. If you need to make special arrangements, we urge you to contact our business office.

Patient/Responsible Party Signature: _____

Patient Date of Birth: _____

Date: _____