Adult and Childhood
Asthma and Allergy

Physicians are all board certified by
the American Board
of Allergy and Immunology

BOISE VALLEY
ASTHMA & ALLERGY
CLINIC

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SATELLITE CLINICS IN EAGLE & NAMPA

Patient Financial Policy

Boise Valley Asthma and Allergy Clinic aims to provide the very highest quality of care in a patient-centered environment. Compliance with this financial policy will help us reach this goal. Please take the time to read this document and call us with any questions. This document describes our financial policies, additional information on prescription refill limitations, as well as the importance of having a responsible adult available to accompany minor patients.

Insurance

You are responsible for understanding the benefits and services provided by your health care plan. You are responsible for paying any remaining portion due after insurance processes your claim.

You are responsible for all of our charges regardless of the type of insurance you have

It is important to realize that your insurance plan is a contract between you and your insurance company (not the clinician).

You should know if pre-authorization is required for specific procedures or specialty referral.

Co-pay's, co-insurance or deductibles are due at the time of service

We will submit your claim to your insurance company. Our office does require 20% and/or your co-pay at the time of service. We allow 60 days for your insurance carrier to process & pay the claim. After that time the unpaid balance is due and will need to be paid by you. Our office never guarantees that your insurance will pay. We will make every attempt at the beginning of your health care to verify your policy benefits and share that information with you. However, if for some reason your insurance claim is denied, you are responsible for the amount due on your account immediately.

Payments Accepted For your convenience, we accept cash, Master Card, Visa, as well as personal checks. Unless specifically requested, all payments are applied to the oldest invoices first. Patients can request payment on a specific invoice.

Collection Procedures Once an account is placed in collection status all future services must be paid in full at the time of service.

Prescription refill policy If you have not been seen in one year, we feel that it is important for the quality of your care to be seen before receiving prescription refills. In certain cases, we will provide a month supply of medication to tide you over until you are seen.

Addresses and Insurance Changes Please keep us informed of address, telephone number, or insurance changes. It is your responsibility to notify Boise Valley Asthma and Allergy Clinic within 30 days of insurance termination, Failure to comply will make you responsible for all charges incurred.

Returned Checks

A $20.00 dollar fee will be assessed on all returned checks.

Minor Patients

We require that a minor patient be accompanied by an adult (parent or legal guardian). The adult accompanying the minor patient is required to pay in accordance with our policies.

In case of family problems with divorce, etc., the parent or person who brings a minor patient into the office is directly responsible for the account. Our office will not be involved in family disputes.

I have read and understand the above Office Financial Policy and understand that I am ultimately responsible for charges incurred.

Patient Name: _____

_____ _____

Patient, Parent or Guardian Signature ***Date***