



Practice Limited to Allergy, Asthma, and Immunology  
Adult and Pediatric

### Financial Policy and Waiver

**Robert W. Hellmers, M.D.**

Diplomate,  
American Board of Allergy  
& Immunology  
American Board of Pediatrics

Your insurance policy is a contract between you and the insurance company. Arizona Allergy Associates (AAA) cannot bill your insurance company unless you give us current valid insurance information. As a courtesy we will file claims with those plans with which we have an agreement. If your insurance company does not pay us within a reasonable time, we will look to you for payment for services rendered.

**Duane W. Wong, M.D.**

Diplomate,  
American Board of Allergy  
& Immunology  
American Board of Pediatrics

All plans are not the same and they do not cover the same services. In the event your insurance company determines a service provided was "not covered", you will be responsible for the complete charge. This office is not responsible for disputing insurance company decisions regarding coverage. Payment is due upon receipt of a statement from our office.

**Darrell W. Wong, M.D.**

Diplomate,  
American Board of Allergy  
& Immunology  
American Board of Pediatrics

We expect that you know your insurance benefits, including but not limited to: deductible, co-payment amounts, laboratory services, radiology facilities and hospitals associated with your plan. It is your responsibility to notify this office when your insurance company or plan benefits change. Any costs incurred by this office because of incorrect information provided to us by you or your representative will become your responsibility.

**Laine E. Keahey, M.D.**

Diplomate,  
American Board of Allergy  
& Immunology  
American Board of Pediatrics

If you are covered by an insurance plan that AAA is not contracted with or participates with, or you have no insurance coverage, our charge for your care or the care of your dependents will be due at the time of service. AAA accepts most major credit cards, debit cards and checks. **All co-pays are due at the time of service** - if you are unable to pay your co-pay at the time of service, a rebilling fee may be applied to cover the cost of processing a statement.

**Radha G. Rishi, M.D.**

Diplomate,  
American Board of Allergy  
& Immunology  
American Board of Pediatrics

**Note: A fee of 40% will be added to unpaid balances that require collection and/or legal services.**

**Rachael M. Stillwagon, MS, PA-C**

Board Certified,  
Physician Assistant

I understand that I must notify the billing department immediately of any insurance changes or other circumstances which would affect billing. We at Arizona Allergy Associates strongly encourage you to call your insurance company to verify your coverage prior to your visit.

**Briana N. Kertes, MMS, PA-C**

Board Certified,  
Physician Assistant

I hereby authorize AAA to release any information to my insurance company for payment of medical charges and/or to review activities related to my healthcare provider's participation with my health plan. I assign to AAA any and all benefits to which myself or my dependent is entitled for medical services rendered.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
AAA Witness Signature

Updated: 03/27/2009

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