



PATIENT INFORMATION

www.azallergy.com

Thank you for making an appointment at Arizona Allergy Associates. Please read this form in its entirety, sign at the bottom, and return to a member of our staff.

- Please arrive for your appointment on or before the scheduled appointment time. If you are unable to keep your appointment, or will be late, please call our office to reschedule 24 hours prior to your scheduled appointment. A No-Show charge will be assessed if a call is not received 24 hours for cancellations.
- Please have ALL MATERIALS (sent to you in the new patient packet or downloaded off the internet at www.azallergy.com) COMPLETED when you arrive at our office. We will not be able to see you at your scheduled appointment time if these materials are not completed when you arrive.
- Please bring your insurance card(s) to each appointment. If you change insurance companies or benefits, you must call us with the new information BEFORE your appointment. If you do not, you may be responsible for the bill.
- If you need an insurance referral from a primary care physician, make sure the referral is in our office BEFORE YOUR SCHEDULED APPOINTMENT. If you are not sure if we have received the referral, please call our billing office the day before your appointment to confirm receipt. Depending on your insurance plan, your primary care physician (PCP) will either fax us a referral, or give you the referral slip to fax to us. If you are uncertain whether this applies to you, please call your PCP or insurance company in advance of your visit. As a general rule, if you are a member of an HMO, you are required to obtain a referral from your PCP to see one of our providers; whereas with a PPO plan, you may not need a referral.
- **Co-Payment is expected at the time of service.** If you have an insurance co-payment, it will be collected before you see the provider. We accept cash, check (with a valid driver's license), VISA, and MasterCard. We do not accept American Express or Discover.
- A charge of \$10, plus 10 cents per page, will be made to copy any patient records. (We will, however, copy patient records one time for no charge if the records go directly to the patient.)
- Please keep copies of all patient receipts. A charge of \$20 will be made for an end-of-year statement for tax purposes.
- You must provide changes to your current personal information at each visit, especially changes in address, telephone, or daytime contact phone number as well as current insurance company information.
- We accept Medicare, and will bill Medicare and/or your secondary insurance for you. However, you may be responsible for any unpaid balance that Medicare does not cover (see Medicare ABN form).
- Should you receive any correspondence from your insurance company in regards to the services provided in our office, you must respond to that correspondence immediately in order to have the claim processed and paid. The primary insurance contract is between you (and/or your spouse) and the insurance company, or between you and the employer group-coverage carrier. Arizona Allergy Associates bills as a courtesy to our patients, however the patient is ultimately responsible for making sure that we have correct information.

I have read the above statements and agree to abide by them.

Date _____

Patient Name (please print)

Update: 03/27/2009

Signature of Patient or Responsible Party