

Vital Allergy and Asthma Center ***Financial policy***

The Physicians and Staff of Vital Allergy and Asthma Center value the trust and responsibility you place in us to care for you. Thank you for choosing Vital Allergy and Asthma Center for your care. We are proud to serve you and hope to have a lasting relationship with you.

The basis of our care is the doctor- patient relationship, and we feel we should inform you of all matters pertaining to your health including the financial aspects. We hope this explanation of our Financial Policy and related "Frequently Asked Questions" (FAQ) can provide information to avoid unpleasant surprises and support communications between our patient, providers and staff of Vital Allergy and Asthma Center. We commit to provide quality healthcare service at a fair and reasonable price. In turn, we ask you to commit to your obligation to be prepared to pay for service rendered, to fully inform us in a timely manner of any insurance or medical benefit coverages. We provide at your initial appointment a verification of insurance benefits. It is your responsibility to provide our office with any changes. Verification of benefits is not a guarantee of payment, but it aides us in helping you establish payment arrangements whenever necessary. Vital Allergy and Asthma Center will work in good faith with our patients and their insurance companies.

FEES

Our fees for professional services are consistent with those of the Metro Houston area. An estimate of Vital Allergy and Asthma Center proposed fees may be obtained upon request.

Registration and Financial Information

In order to correctly process claims on your behalf, you will be asked to provide information about you, your insurance coverage, your employment, and other individual who is your guarantor or any individual who is responsible for paying your health bills. Please bring your drivers license or other picture ID to your first visit. We will update and confirm the accuracy of this information for your service here at Vital Allergy and Asthma Center. It is **your** responsibility to inform us of any changes in your insurance coverage. If an insurance company denies payment for incomplete or wrong information, it is your responsibility to make payment in full.

If your insurance requires a referral form or authorization, it is your responsibility to obtain this from your primary care provider (PCP) prior to your appointment. It is your responsibility to inform our office if your insurance requires this in order to pay for your benefits. If you are unsure, please contact your insurance company prior to your appointment.

Payment at the Time of Service

You will be asked to pay your co-pay for office visits, allergy injection visits, and any service provided that require a co-pay at the time of visit. To help keep healthcare costs down payment is collected at the time of service for any charges not expected to be paid by an insurer. Please be prepared to pay the co-pay, coinsurance, and non-covered services if applicable at the time of service. We also collect all previous outstanding patient balances.

Credit Cards

As a convenience to our patients, Vital Allergy and Asthma Center accepts Visa, MasterCard and American Express. The Business office also offers the option to pay your balance by phone on your credit card. You may authorize this by calling the business office at 281-598-1571 when you receive your statement.