Self Pay

If you do not have insurance, you will be asked to sign a Financial Liability Form. Our staff can give you an estimate range of costs for your visit, but we unable to know the exact cost until the service is actually provided. For patients without insurance, a discounted rate can be extended upon request. You may request to establish a payment plan for Allergy Testing and Allergy Serum services by speaking to our business office at 281-598-1571.

If you are seeking care outside of your insurance, health plan, or medical benefit program, you will be asked to sign to sign a financial liability Form; our staff can give you an estimate of cost for your visit.

Payment Plans

The Business Office will establish a payment plan for large patient balances greater than \$300.00. And they can arrange monthly credit card charges with your authorization until the balance is paid in full. Please call our business office at 281-598-1571.

Insurances, Health Plans and Medical Benefit Programs

Vital Allergy and Asthma Center, Carlos J. Vital, M.D. participates with many insurance health plans or medical benefit programs. Please call your insurance company with the telephone provided to you on the back of your insurance card and your insurance company can inform you if we are participants on your program.

For insurances that we participate with: We are pleased to bill your insurance for you and we will accept their contracted payment rates. For office services, if your insurance or plan requires you to make a co-payment, co-insurance, and or deductible we require this payment at the time of service. For other services (allergy testing and allergy serum) payment rates may include a portion to be paid by the patient and if so this can to applied to a payment plan upon request. If your insurance company does not provide payment in full according to the contracted amount, the balance of the charges is the responsibility of the patient or guarantor. In addition you are responsible for any amounts the insurance plan deems not covered (or a non-covered benefit) up to the entire amount.

For insurances that we do not participate with: Your insurance company may call this an "out of network provider" or non- participating provider." We are happy to see patients whose insurance Vital Allergy and Asthma Center, Carlos J. Vital, M.D.P.A does not participate with or who's insurance lists Vital Allergy and Asthma Center, Carlos J. Vital, M.D.P.A as out of network. We are unable to see patients that are on Medicaid programs but can offer a cash fee for service. As a courtesy to our patients, we will submit claims to non-participating insurer health plans although payment in full is required at the time of the service. We may establish a payment plan for services over \$300.00. All balances under \$300.00 are collected at the time of service.

You are responsible for any amounts your insurance does not pay. (excluding contracted Discount rates)

If we do not hear from your Insurance Company: If we do not hear from your insurance Company in a timely manner within 65 days we will transfer the balance to your responsibility. If your insurance company requests any further information from you, it will be your sole responsibility to respond to them within their time limit. If their request is not received within a reasonable time you will be responsible for the entire amount and will receive a statement on your account. We request your assistance in following up with your insurance company to resolve any non-payment issue.