



## Patient Bill of Responsibilities

Welcome to Center for Asthma, Allergy and Respiratory Disease, PLLC (CAARD). The following is our office policies and procedures. Please read carefully and sign. Also, feel free to ask our office staff if you should have any questions.

1. The office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m. Late night Thursday until 6:00 p.m. Closed Saturday and Sunday. Please plan your appointments, medication refills, or any other calls accordingly. Please be aware that your doctor is not always in the office during these hours.
2. Please keep your scheduled appointments. **The office requires a 24-hour notice if you are unable to keep your appointment.** The doctor's schedule may be booked up to 3-4 weeks in advance, making it difficult to reschedule. We cannot accommodate walk-in appointments.

**There will be an \$85.00 charge billed to your account for appointments cancelled in less than 24 hours or for a no-show. For stress-testing appointments cancelled in less than 24 hours or for a no-show, a charge of \$275.00 will be billed to your account.** This fee must be paid prior to your next office visit. Frequent no-shows for appointments may result in dismissal from the practice.

3. There is no doctor on call if you become ill after hours and on weekends. **If you have a life-threatening emergency, please call 911 or go to the emergency room.**
4. Medication refill requests will be completed within 24 hours. **Please plan ahead!** No refills will be called in after office hours or on weekends. Note: the doctor may request to see the patient or an outstanding balance may need to be paid before refill requests are complete.
5. Messages received before 1:00 p.m. will be returned the same day. Calls after 1:00 p.m. may not be returned until the next business day. A nurse/medical assistant will return your call and relay your message to your doctor. The doctor will not be interrupted while in with patients.

Please understand that your callbacks take time. **Remember to unblock your phones.** Time does not allow for repeated calls and busy signals. We will try your phone line twice.

We will not be able to page you. Please leave a phone number where you can be reached.

6. There is no charge for the first set of records/radiological films going to another doctor. Repeat requests for records/films may incur a charge. The patient must sign a "release of records" before any records can be sent.
7. Consent to Photographs, Videotapes and Audio Recordings: I consent to photographs, videotapes, digital or audio recordings and/or images of me being recorded for security purposes and/or CAARD/EHD's healthcare operations purposes (e.g. quality improvement activities). I understand that the facility retains the ownership rights to the images and/or recordings. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected images and/or recordings in which I am identified will not be released and/or used outside of the facility without a specific written authorization from me or my legal representative unless otherwise required by law.

8. The CAARD billing office will file claims with your insurance company for services provided. **Any charges not covered by your insurance company will be your sole responsibility.**

Please notify CAARD immediately of any changes in your insurance coverage. We ask that you bring your insurance card with you for each visit.

Due to the overwhelming number of insurance plans, it is impossible for our front desk to verify benefits. It is your responsibility to verify that CAARD is a member of your plan before presenting to our office for treatment. You are also responsible for obtaining a referral from your Primary Care Physician if required, prior to your scheduled appointment. If you have any questions, please call the customer service number on your insurance card.

9. Payment/co-payments are to be paid at the time of service. We accept cash, checks or credit cards (Visa, MasterCard, American Express and Discover) as well as CareCredit.
10. If you have an HMO insurance plan, it is your responsibility to obtain the necessary referral before services can be provided. Please contact your designated primary care physician in a timely manner. Most primary care physician offices require 72 hours to process referrals to specialists.
11. Patients electing to be seen out of network will be responsible for payment at the time of service.
12. A \$10.00 late fee will be assessed monthly on account balances that become more than 30 days past due. Account balances remain in a current status as long as a payment is received each month.
13. In the event that an account is turned over to a collection agency, a collection fee (33% of balance) will be assessed, plus reasonable attorney fees, court costs, etc.
14. Any NSF/returned checks will be assessed a \$35.00 (our cost \$25.00 plus \$10.00 administrative fee)
15. In situations of severe financial hardship, this office will consider making specials arrangements on a case-by-case basis. Please discuss this with our billing department immediately if this applies to you.
16. We are all here to serve. If you have remaining questions, our staff is ready to help find answers.

Thank you for your understanding and cooperation. We are very happy that you have chosen us for your asthma, allergy, and respiratory needs. We look forward to treating you in the future.

I have read and I understand the policies of the Center for Asthma, Allergy and Respiratory Disease, PLLC.

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Signature

\_\_\_\_\_  
Date

### **Insurances With Which We Are Contracted**

- Aetna
- First Health
- Medicare
- PHCS Network
- United Healthcare
- Anthem
- Harvard Pilgrim
- MultiPlan Network
- Tricare/Healthcare
- Cigna
- Healthnet
- Federal
- MVP
- Tufts
- Fallo
- MA
- BC/BS
- NH
- Medicaid
- UniCare

Our billing department will be happy to answer any questions regarding charges and insurance participation. Please feel free to contact us at 603-964-3392 x13 or x11.