

Financial Payment Policy for Patients

At Altamonte Medical Group/Florida Allergy Clinic, we pride ourselves on providing our patients with the best medical care available, in a warm and friendly office setting. Your cooperation with our stated financial policy enables us to focus our attention on your medical needs and improves the operation of this practice to better serve you.

For your convenience, we will gladly submit insurance claims with our primary and secondary healthcare insurance carriers we are in network with, on your behalf. The payment policy for this office however, requires that you settle your account in full for any and all other charges not covered by your insurance, on the day of your visit. Fees, such as co-payments and deductibles, as stipulated by your particular healthcare insurance plan, are also due at that time. To help you comply, our insurance coordinator will be happy to discuss the expected fees with you prior to your appointment, and can provide you with an estimate of your charges. We accept personal checks, major credit cards and cash. We will be happy to discuss any special considerations in the handling of your account.

If your insurance plan requires an authorization for any service provided in our office, it is your responsibility to obtain appropriate authorization from your Primary Care Physician prior to the day of your visit. This will ensure appropriate insurance coverage and facilitate your visit with us. If you do not have the proper authorization at the time of your appointment, you must either:

1. Reschedule to a later date or,
2. Be personally responsible for the entire fee associated with your visit.

I, _____ have read the above **Financial Payment Policy for Patients**, and I understand its contents.

By signing below, I agree to abide by this policy.

Signature of patient or Legal Representative

Date

Relationship of Legal Representative to patient
(if applicable)