

Allergy and Asthma Center
Anita N. Wasan, MD, FAAP, FAAAAI
6824 Elm Street, Suite 120, McLean, VA 22101
PATIENT FINANCIAL POLICY

This Practice has contracts with most insurance companies; however, since 2008 the practice has opted out of participation with Medicare. If you obtain medical services from the Allergy and Asthma Center, you/or your beneficiary/legal representative accepts full responsibility for payment of the physician charges/services furnished by the physician. You, or your beneficiary/legal representative, understand that Medicare limits do not apply to what Anita N. Wasan, MD, PLC may charge for items/services. You, or your beneficiary/legal representative, agree **NOT TO SUBMIT** a claim to Medicare or ask Dr. Wasan to submit a claim to Medicare.

Please check with our staff to determine whether we accept your insurance plan. We do not submit to secondary insurance companies. If your insurance company deems the practice/practitioner as “out of network”, you agree to be financially responsible for any and all medical charges from the practice/practitioner.

It is the responsibility of the patient to make sure they have secured any referrals (for insurance purposes) that are required for their office visit; this referral will need to be provided at the time of the appointment. Patients/guardians are responsible for any outstanding balances that may arise out of not having the appropriate referral.

If you are part of an HMO, you are responsible to obtain a referral from your primary care physician **BEFORE** your visit with us. If a referral is not obtained at the time of your visit, you will be responsible for the entire amount of the visit at the time of service.

If we have a contract with your plan, we will file a claim with your insurance company upon receipt of an updated insurance card. You are responsible for all charges that are not covered by your insurance company (i.e. deductibles, copays for a specialist visit, coinsurance). These amounts will be due within one month of your visit. A bill will be sent out to your home once we get the EOB (explanation of benefits) from your insurance company.

Your copay for a **specialist** office visits due at the time of your office visit.

We accept cash, checks, Visa, and Mastercard. There is a **\$50.00** charge for returned checks.

If you fail to pay your balance to the Allergy and Asthma Center and it becomes necessary to take action to collect on your account, you agree to pay for all costs in the collection of your balance including any collection agency and/or attorney fees.

The Allergy and Asthma Center has a 24 hour cancellation policy. There is a \$30.00 fee for missed new patient appointments and a \$20.00 fee for missed follow up patient appointments.

There is a \$25.00 fee for copying of any personal records and a \$10.00 fee for filling out of any school forms.

I have read and understand the financial policy of the Allergy and Asthma Center and agree to comply with it.

Signature of Patient/ Responsible Party: _____

Printed Name: _____

Date: _____