

OFFICE POLICIES

Thank you for choosing **Advanced Allergy & Asthma Associates** for your allergy care needs. We realize patients have a choice when selecting a medical provider and are grateful that you have chosen us. Our staff strives to make your experience with us as comfortable as possible. Feel free to contact us if you have any questions about our policies and procedures.

APPOINTMENTS

We see patients by appointment only, which can be scheduled by contacting our office during regular business hours. When scheduling an appointment, please provide our patient coordinators with your identification, contact and insurance information and also the reason for your visit.

Before you are seen by the physician, we need to complete several administrative and clinical tasks. Plan to arrive at the office at least 15 minutes *prior* to your scheduled appointment. If you arrive 15 minutes or more *after* your scheduled time, we may reschedule your appointment. Please bring the New Patient Packet (already filled out), your insurance card and one form of photo identification (e.g., driver's license).

Any minor patient, who is to receive treatment, allergy testing or injections should always be accompanied by a parent or legal guardian and this authorized individual(s) is listed on the attached "Permission to Treat a Minor" acknowledgement form.

If you will not be able to keep a scheduled appointment, please let us know as soon as possible; at least 24 hours in advance of the scheduled appointment. We will charge a fee of \$25.00 for appointments that are missed without notification. Missed appointment fees are patient responsibility and will not be charged to the insurance company. Repeated missed appointments without notice may result in discharge from the practice.

INSURANCE

We accept several commercial insurance plans, Medicare and Tricare. It is your responsibility to make sure that our providers are in your insurance plan network. As a courtesy to our patients, we are happy to file insurance claims on your behalf for most insurance companies. Patients are responsible for co-pays, deductibles, co-insurance and non-covered services at the time of service. Any service not paid for by your existing insurance coverage will require payment in full at the time of service or upon notice of insurance claim denial. It is patient responsibility to inform us of any changes in their insurance coverage. Failure to do so may result in denial of insurance claim and the patient will be billed for the account balance. If you do not have insurance coverage, please call our office to discuss options, discounts and/or payment plans.

BILLING

We accept cash, personal checks, debit cards and major credit cards (MasterCard, VISA, American Express and Discover). Full payment is due at the time of the service. Checks should be made to **Advanced Allergy & Asthma Associates**. Checks not honored by your bank will be assessed a Returned Check fee. It is our policy to make reasonable attempts to collect outstanding patient balances. Accounts that are delinquent may be referred to a collection agency and/or attorney. These accounts may also be subject to interest and additional fees. All accounts must be current at the time of office visit.

MEDICAL RECORDS AND PAPERWORK REQUESTS

All medical records are the property of **Advanced Allergy & Asthma Associates**. You can request a copy of your medical records. To ensure privacy, request for copies of medical records must be made in writing using a release of medical information form. This must include your original signature and a copy of photo identification. There is no charge to have your records sent directly to another healthcare facility. Paper copies will incur a charge of \$1.00 per page for the first 20 pages and \$0.50 for each additional page.

We also receive requests for specific school/sports forms, letters and other paperwork (NOT worker's compensation or FMLA, disability, etc. related). We can provide most of these at no cost if requested during an office visit. Otherwise, request for special forms that are NOT worker's compensation, FMLA or disability related can be made by contacting our office. Please include patient's name, date of birth and the contact information where the form/letter is to be sent. When completion of the form requires review of the medical chart, we may charge a fee based on the length/complexity of the form.

EMERGENCIES AND AFTER HOURS

If you believe you are having a **MEDICAL EMERGENCY, PLEASE CALL 911 IMMEDIATELY**. If you call our office after-hours, please leave urgent messages on our voicemail and we will return your call the next business day. If you think the issue is non-urgent, please call us back during regular business hours.

NON-EMERGENCY ILLNESS DURING BUSINESS HOURS

Again, if you believe you are having a **MEDICAL EMERGENCY, PLEASE CALL 911 IMMEDIATELY**. If you feel you need to be seen in the office for your non-emergency allergy-related illness, we may be able to provide you a same day appointment. Please call early in the day as these slots fill up quickly. If same-day appointment is not available, our staff will discuss your needs with the providers and determine what needs to be done. We may charge for consultation that takes place over the phone instead of an office visit.

PRESCRIPTION REFILLS

Please do not wait to order refills until you are out of your medication. Keep a track of your medication/refill needs. Refills can be requested by contacting your pharmacy directly. If you have refills left on your prescription, they should dispense the medication. If there are no more refills on your prescription, the pharmacy will contact our office for refill authorization. You may also request medication refills by contacting our office during regular business hours. If you missed your last follow-up appointment, a limited number of refills may be authorized until a new appointment.

FOODS AND PERFUMES

Because of the nature of our medical specialty, we ask that you refrain from bringing foods/beverages to the clinic and wearing perfumes/colognes when visiting our office. Many of our patients have severe food allergies and exposure to trace quantities of implicated food can trigger life threatening reactions. Perfumes and colognes can trigger asthma exacerbations in some of our patients.

ADVANCED **ALLERGY & ASTHMA** ASSOCIATES

ALLERGY, ASTHMA & IMMUNOLOGY

COVID-19 PROTOCOL (we reserve the right, at our sole discretion, to change, modify, add and/or remove portions from this policy at any time)

- MASKS ARE REQUIRED if SICK.
- LIMIT THE NUMBER OF VISITORS. Should you require assistance during your visit, please relay this information to our office personnel before arriving.

OTHER

We request all our valued patients and their family members to –

- Be courteous to our staff and other patients.
- Be respectful of the facility and clinic equipment.
- Be honest about necessary health information.
- **ALL NEW AND RECURRING REFERRAL AUTHORIZATIONS NEEDED ARE SOLELY THE PATIENT'S RESPONSIBILITY and any balance accrued from non-payment by the patient's insurance due to no up-to-date referral on file is also the patient's financial responsibility.**
- Inform our office of any changes in insurance coverage or contact information.
- Cooperate in observing safety regulations and office policies.

Our office reserves the right to terminate any physician/patient relationship, if or when our office policies are violated by said patient or their family member.

REVISED 6/16/2021 3/7/2022 2/29/2024

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