



**AIRE MEDICAL of LOS ANGELES (“AIRE”)
FINANCIAL POLICY AND CONSENT FOR DISCLOSURE**

Insurance and Payment: I understand that I am financially responsible for the payment for any services provided and that the submission of any claim to my insurance plan is as a courtesy to me by AIRE. I acknowledge that I have confirmed with my insurance plan what coverage and benefits I am entitled to for allergy/immunology specialist, (including in-network vs. out-of-network benefits). I further understand that it is my responsibility to continue to verify such coverage prior to each visit to ensure I am aware of any changes. If I am unable to provide proof of insurance, I understand and agree that I will be considered a “cash” patient and responsible for full payment at time of service.

Co-payments, Co-insurances, Deductibles, Non-covered Services: I understand that AIRE may or may not have a contract with my insurance plan. In order to determine whether AIRE is a contracted (in-network) provider, *I agree it is my responsibility to contact my insurance carrier and ask if AIRE Medical of Los Angeles, located at 1301 20th Street, Suite #380, Santa Monica, CA 90404* is a contracted provider. I further understand that AIRE may be required to bill me for any applicable Copayments, Co-insurances, Deductibles or Non-covered Services as directed by my insurance plan. I understand that AIRE has a legal and contractual obligation to bill me these items and may not be permitted to adjust and/or waive any amounts owed by me. **Such adjustment or waiver is not permitted by AIRE and would be in direct violation of AIRE’s contracts with such insurance plans and could jeopardize AIRE’s, and the physician’s participating provider status.**

Payments Collected at the Time of Service: Because many PPO insurance plans have annual deductibles and AIRE cannot verify if such deductibles have been met, I understand that, AIRE Medical of Los Angeles will require payment from me at the time of my visit (see below). I understand that if I have a HMO plan, I must have a proper documented referral/authorization by my insurance before receiving services. Not providing such information at the time of my appointment will result in you being classified as a “cash pay” payment and full payment will be required prior to the provision of services.

X-RAYS and LABS: I understand that any radiology (x-rays), and/or blood work ordered by the physician will not be performed in the *AIRE Medical Los Angeles* office, and I will be referred to an outside non-affiliated facility which I may go to, or, may choose another provider of my choice. I understand that while these tests may be ordered by the physician, it is my responsibility to understand my insurance coverage for these services.

Initials

In-Office Testing (e.g. Skin Testing): If you have a deductible for any testing performed by AIRE in its office, such as skin testing (including patch testing), please be prepared to pay a \$250.00 deposit at time of service.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE FINANCIAL POLICIES OF THIS MEDICAL OFFICE AND UNDERSTAND MY FINANCIAL RESPONSIBILITY. I ALSO AUTHORIZE AND ASSIGN MY INSURANCE BENEFITS THAT MAY BE PAYABLE TO ME TO BE PAID DIRECTLY TO AIRE. I FURTHER AUTHORIZE THE RELEASE OF INFORMATION REQUIRED TO PROCESS AN INSURANCE CLAIM AND TO CARRY OUT TREATMENT.

Signature: _____ **Date:** _____

Print Name: _____ **Relation to Patient** _____