

# Allergy & Asthma Comprehensive Care

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## FINANCIAL AGREEMENT

**Allergy & Asthma Comprehensive Care** is committed to providing the best possible medical care for you and your children. We are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

**APPOINTMENTS** – 24 hours notice must be provided in the event you cannot keep an appointment. Should you not provide this notice, a cancellation **fee of \$50 for new patients and a fee of \$30 for returning patients** may then be added to your account.

**CO-PAYMENTS** – By law we **MUST** collect your designated copay. This payment is expected at the time of service. Please be prepared to pay the copay at each visit. Should you not pay at the time of service and we subsequently send you a statement, an administrative fee of \$20 may be added to your account.

**PAYMENT ACCOUNTS** – You are responsible for the timely payment of your account. All balances are due within 30 days of your first billing. Any patient balance left unpaid after **90 days** without any attempt at resolution will be considered delinquent and will be submitted to a collection agency. If you are having financial difficulties, please speak to our billing office to set up an acceptable payment plan for you. If the account is turned to collection, it may adversely affect your credit rating and you will be additionally responsible for whatever charges we incur.

**REFERRALS** – If your plan requires a referral from your PCP, it is **YOUR** responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral, **YOU WILL BE REQUESTED TO SIGN A FINANCIAL WAIVER**. It is then your responsibility to provide us with the referral within 48 hours or you will be personally responsible for that day's services.

**SELF-PAY PATIENTS** – Payment is expected at the time of service unless other financial arrangements have been made prior to your visit.

**DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS** – The parent that consents to the treatment of a minor child is responsible for payment of services rendered. Our office will not be involved with separation or divorce disputes.

**MEDICARE** – We will submit claims to Medicare. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance, if you have one.

**WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, AMEX, OR DISCOVER.**

## ALLERGY AND ASTHMA COMPREHENSIVE CARE NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Policy & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA," we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination or referral to a specialist.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** include business aspects of running our practices, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. ***This includes the completion of physical exam forms for schools, and faxing immunization records to any other entity but you, unless the attached authorization form is completed and signed.*** You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a **written request** to Allergy and Asthma Comprehensive Care.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and receive a copy of your protected health information. There is a fee involved with this service.
- The right to amend your protected health information.
- The right to obtain a paper copy of this notice from us upon request.

**ALLERGY AND ASTHMA COMPREHENSIVE CARE NOTICE OF PRIVACY PRACTICES (continued)**

**We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.**

**This notice is effective January 1, 2009. From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. The revised notice will be posted at our place of service, and you may request a written copy from this office.**

**You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with Allergy and Asthma Comprehensive Care. You may also file a complaint with the Department of Health & Human Services Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.**

**Please contact us for more information:**

**ALLERGY AND ASTHMA COMPREHENSIVE CARE  
541 Cedar Hill Avenue, Suite 8 Wyckoff, NJ  
07481  
(201) 652-6211**

**For more information about HIPAA or to file a complaint:**

**The U.S. Department of Health & Human Services Office of Civil Rights 200  
Independence Avenue, S.W. Washington, D.C. 20201  
(202) 619-0257 Toll Free: (877) 696-6775**