



CHARLES CALAIS, D.O., M.S., FACP, FACAAL, FAAAAI

1219 McCULLOUGH AVE. SAN ANTONIO, TX 78212

Phone: (210) 226-3500 Fax: (210) 226-3638

Email: [allamericanaaic@gmail.com](mailto:allamericanaaic@gmail.com)

## **FINANCIAL POLICY**

Payments are due at the time services are rendered. This includes insurance co-payments and deductibles. It is the patient's responsibility to obtain all necessary referrals from the primary care physician *before* scheduling an appointment with us. Some of the services we provide may not be covered by your policy, such as allergy skin tests or patch testing, which may require specific authorizations. It is the patient's responsibility to make sure that our services are covered under your policy and to secure all necessary authorizations *before* the appointment date.

If the payment is denied by the insurance company the services become the patient's responsibility. If you feel your insurance company should cover these services, you will need to contact the payor directly for resolution. Otherwise, here at AAAAIC we offer payment plan options to assist with resolving your balance in full. If your insurance company has not paid within 30 days, it is the patient's or legal guardian's responsibility to contact the insurance company to expedite the payment.

Your signature below signifies that you have read the above financial policy statement and that any questions you may have about it have been answered to your satisfaction.

Patient or Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_