



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

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, documents that require physician endorsement such as FMLA or patch testing, and no-show fees, 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. It is the patient's responsibility to keep the clinic apprised of any changes with their insurance and/or form of payment information to include policy status, referral status, and authorization status. It is your responsibility to keep your account with us current. This includes all outstanding balances due resulting from co-pays, deductibles, non-covered services, billing adjustments, etc. that are reflected in your Explanation of Benefits received from your insurance company and billing statements received from us. You must pay these outstanding balances in full prior to seeing the physician for your next appointment. Non-receipt of a statement(s) from us does not excuse your obligation to pay your outstanding balance. It is your responsibility to keep us updated with your latest contact information to include serviceable address, phone number, credit/debit card on file and email address.

If the payment for a claim(s) 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/coordinate with the payor (your insurance company) directly for resolution. If your insurance company has not paid within 30 days from the date of claim submittal, it is the patient's or legal guardian's responsibility to contact the insurance company to expedite the payment. If your insurance company and/or the policy used for any date of service becomes defunct, then the bill becomes the patient's responsibility.

If your account is over 90 days past due from the date of service, we may refer your account to a collection agency, and you may be discharged from this practice. You agree to reimburse AAAIC the fees of any collection agency, which will be added to the account at the time it is placed with an agency for collection and will be based on a percentage of 3% of the debt per month (compounds), and all reasonable costs and expenses, including reasonable attorneys' fees, incurred in such collection efforts. Partial payments will not be accepted unless otherwise arranged.

It is your responsibility to keep your account with us current. This includes all outstanding balances due resulting from co-pays, deductibles, non-covered services, billing adjustments, etc. that are reflected in your Explanation of Benefits received from your insurance company and billing statements received from us. You must pay these outstanding balances in full prior to seeing the physician for your next appointment. Non-receipt of a statement(s) from us does not excuse your obligation to pay your outstanding balance

Your signature below signifies that you have read, understand and agree with 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 _____