

ALLERGY & ASTHMA CENTER OF MASSACHUSETTS

Allergic and Respiratory Medicine
Adult and Pediatric

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Chestnut Hill Medical Center
25 Boylston Street - Suite 215
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TEL 617-232-1690
FAX 617-739-7082

Billing Policy

In order that we may spend more time assisting you with your medical issues and to better serve you, we ask for your assistance to help simplify several issues with regard to your insurance claims.

Your responsibilities under your insurance plan

Your medical insurance policy is a contract between you and your insurance carrier. As a courtesy, we will directly submit insurance claims to most major insurance carriers. However, your coverage, the requirements for referrals, deductibles, co-payments and co-insurance are all defined in your policy. To maximize your coverage, we suggest contacting your insurance company before your visit to review your policies and coverage, as you will be responsible for all unpaid expenses incurred. Our experience has been that reviewing these issues with your insurer in advance helps minimize any unpleasant surprises with regard to your benefits after your visit.

Referrals for specialty care - HMO and PPO members

If your the HMO/PPO insurance carrier requires that you obtain a referral from your primary care physician for specialty services, your referral must be received in our office 48 hours prior to your appointment.

If your referral status is not in order, prior to your visit, you will be asked to accept full responsibility for all charges incurred for your visit. We cannot guarantee that your insurance carrier will cover your visit without a referral.

Medical information and payment authorization

- ⇒ I am aware of the policies outlined above and understand that I am responsible for all charges incurred in my medical treatment administered by the Allergy & Asthma Center of Massachusetts PC including but not limited to all deductibles, co-insurance and any other charges not paid by my insurance carrier under the provisions of my insurance plan.
- ⇒ I authorize that payment for medical services be made by my insurance carrier on my behalf to the Allergy & Asthma Center of Massachusetts, PC for services rendered.
- ⇒ I authorize Allergy and Asthma Center of Massachusetts PC to release information to my insurance carrier related to services provided by Allergy & Asthma Center of Massachusetts PC as necessary to determine insurance benefits for services rendered related to my medical care.

By adhering to this policy we will be able to dedicate more time and energy to addressing your health care needs. Please contact our office staff at 617-232-1690 to have any questions with regards to medical insurance claims.

Date

Signature of Patient (or Guardian)

Patient Name (print)