

AAHCHOO! PLLC

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FINANCIAL POLICY

Please Read Carefully

Insurance: As a courtesy we will submit a claim to your insurance company upon completion of your treatment. However, you are responsible to know what is and is not covered by your insurance plan. **It is the responsibility of the patient to keep track of required referrals, number of visits allowed, referral expiration date(s) etc.** (Initial) **As a member/subscriber, it is your responsibility to call your insurance company to receive coverage and benefits, and to find out whether or not we are "In Network" with your insurance.**

Absolute coverage is unknown until claims are processed. Below is a list of our common procedure codes. Your insurance company can tell you how you are covered if you provide them these codes when you call them. **Be sure to ask them about PER DAY AND PER YEAR LIMITS AND IF YOU HAVE A COINSURANCE ON ALL THESE CODES, and if your Deductible must be met before the procedure will be covered.**

- 99204, 99214 New Patient
- 95004 –Allergy Testing (same code for environmental and/or food)
 - **(7 days prior to appointment, Patient will need to discontinue all Antihistamines, Nasal, Oral, and Eye drops)**
- 95024 –Intradermal (ID)
- 95165 –Mixing Vials (Serum)
- 95115, 95117 –Immunotherapy injections (Allergy shots)
- 95180 –Rapid Desensitization
- 94010, 94060, 94640, 94664, A4617 –Pulmonary Function Test (PFT)

Note: There is currently no code for allergy drops as they are not covered by any insurance company

Minors: Financial Responsible Party (Guarantor/Parents, Legal Guardian, etc.) accompanying a minor to his/her appointment is expected to pay at the time of service. (Initial)

Services Rendered: If you have a high deductible or your insurance does not cover our services, you will also be expected to pay as outlined below at the time of your visit.

1) Consult: \$200, 2) Environmental Tests: up to \$650, 3) Food Testing: up to \$300 (both environmental and food charges depend on number of tests done) and 4) Pulmonary (Lung) Function Test: up to \$150. If all of the above procedures are performed, the maximum amount you could be charged will be \$1300 (Initial)

Delinquent Accounts: . After we file your claim with your insurance company, we will bill you for the remaining amount. If your insurance pays your claim, we will refund over payments to the responsible party within 30 days once all outstanding claims are paid. When your account is sent to collections, you will be responsible for any and all fees incurred. Patients with accounts overdue by 30 days or more will be sent to a collection agency. (Initial)

Acknowledgment: By signing below, I agree that I have read and understand the Financial Policy as stated above. I **DID** (initial) **DID NOT** (initial) check my benefits and understand that I am ultimately responsible for the balance of my account to include, non-coverage costs per my policy, copays, deductibles and coinsurance.

(Responsible Party)

Signature _____ Date _____ Print Name _____