Fort Wayne Medical Institute

Allergy, Asthma & Immunology Center - Hassan N. Taki, M.D.
4424 E State Blvd, Fort Wayne, IN 46815 | (260) 483-4433

Financial Policy

FINANCIAL AGREEMENT

We are committed to providing you with the best possible care and 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.

- PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR. WE REQUIRE YOUR INSURANCE CARD(S) AND LEGAL ID FOR COPY TO YOUR RECORD.

- APPOINTMENTS - Failure to arrive within 15 minutes of appointment, or cancel at least 24 hours prior, will result in a $25 NO-SHOW fee.

- REFERRALS - If your plan requires a referral from your primary care physician, 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.

- CO-PAYMENTS - We are required to collect your carrier designated co-pay. This payment is expected at the time of service. Please be prepared to pay the co-pay at each visit. Provider Agreement requires that claims be paid within 30 days of receipt by payor. Failure to do so may result in loss of discount. Accounts over 30 days will also receive a $2.00 postal mailing fee per mailing.

- OUT OF NETWORK PLANS - You will be responsible for any balance your plan indicates as due on their explanation of benefits form. We will adjust the charges to coincide with your plan's UCR (Usual, Customary and Reasonable) charges. All patients will be responsible for their co-insurance and deductible. If we do not "participate" with your plan, we will send a courtesy bill to that carrier on your behalf. However, should they not pay your claim within 45 days, you will be responsible for the full amount due. Should you receive payment from your insurance carrier, please forward it to the physician's office.

- SELF-PAY PATIENTS - Payment is expected at the time of service unless other financial arrangements have been made prior to your visit. Please meet with our payment staff prior to office visit.

- 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.

- DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS - The parent who consents to the treatment of a minor child is responsible for payment of services rendered. Fort Wayne Medical will not be involved with separation or divorce disputes.

- I agree to pay for any and all balances due for services provided. By insurance contracts, you may lose discounts by failing to pay balances within 30 days of receipt. Unpaid balances will be assessed late fees, as well as court/interest/filing and collections fees. Loss of "discounts" is substantial, so timely payment is important.

- This agreement is to stay in place until mutually discharged by both parties and all obligations are met. All overdue accounts subject to 21% interest and $2 per month billing fee.

- WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, OR DISCOVER CARD. THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us any special concerns.

Patient's Name: _____ DOB: _____

Responsible Party Signature: _____ Date: _____