



Patient Bill of Responsibilities

Welcome to **CENTER FOR ASTHMA, ALLERGY AND RESPIRATORY DISEASE, PLLC (CAARD)**. The following is our office policies and procedures. Please read carefully and sign. Also, feel free to ask our office staff if you should have any questions.

1. **OFFICE HOURS:** are Monday, Tuesday and Friday 8:30 a.m.-5:00 p.m. Wednesday- 8:00 a.m.-5:00 p.m. Thursday-10:00 a.m. -7:00 p.m. Closed Saturday and Sunday. Please plan your appointments, medication refills, or any other calls accordingly. Please be aware that your doctor is not always in the office during these hours. **To make an appointment online go to www.caard.com - Quick Links-Make An Appointment-then follow instructions**
2. **APPOINTMENTS:** The office requires at least one business day notice if unable to keep your appointment. The doctor's schedule may be booked up to 3-4 weeks in advance, making it difficult to reschedule. We cannot accommodate walk-in appointments.
You will be charge the cost of the office visit and/or testing if at least 1 business day notice is not given. This charge will be billed to your account. This fee must be paid prior to your next office visit. Frequent no-shows for appointments may result in dismissal from the practice.
3. **MEDICATION REFILL:** medication refill requests via the web-site will be completed within 24 hours. **Please plan ahead!** No refills will be called in after office hours or on weekends. Note: the doctor may request to see the patient or an outstanding balance may need to be paid before refill requests are complete. **To request a refill on line go to www.caard.com -Quick Link-Request Refill-then follow instructions.**
4. **CONTACT INFO:** calls will be returned as soon as possible but this may not be on the same day. **To contact the office for the quickest response go to www.caard.com -Quick Link-Contact Us- Contact@caard.com then follow instructions.**
5. There is no charge for the first set of records/radiological films going to another doctor. Repeat requests for records/films may incur a charge. The patient must sign a "Release of Records" before records will be sent.
6. There is no doctor on call if you become ill after hours and on weekends. **If you have a life-threatening emergency, please call 911 or go to the emergency room.**
7. The CAARD billing office will file claims with your insurance company for services provided. **Any charges not covered by your insurance company will be your sole responsibility.**
Please notify CAARD immediately of any changes in your insurance coverage. We ask that you bring your insurance card with you for each visit.
8. **Payment/co Payments are to be paid at the time of service. We accept cash, checks or credit cards (Visa, MasterCard, American Express and Discover) as well as Care Credit.**
9. **To pay your bill online go to www.caard.com. -Quick Link--Make A Payment-then follow instructions .**

10. If you have an HMO insurance plan, it is your responsibility to obtain the necessary referral before services can be provided. Please contact your designated primary care physician in a timely manner. Most primary care physician offices require 72 hours to process referrals to specialists.
11. Patients electing to be seen out of network will be responsible for payment at the time of service.
12. A \$20.00 late fee will be assessed monthly on account balances that become more than 30 days past due. Account balances remain in a current status as long as a payment is received each month. A charge will be added for missed co pays at the time of visit.
13. In the event that an account is turned over to a collection agency, a collection fee (33% of balance) will be assessed, plus reasonable attorney fees, court costs, etc.
14. Any NSF/returned checks will be assessed a \$35.00 (our cost \$25.00 plus \$10.00 administrative fee)
15. **In situations of severe financial hardship, this office will consider making specials arrangements on a case-by-case basis. Please discuss this with our billing department immediately if this applies to you.**

Thank you for your understanding and cooperation. We are very happy that you have chosen us for your asthma, allergy, and respiratory needs. We look forward to treating you in the future.

I have read and I understand the policies of the Center for Asthma, Allergy and Respiratory Disease, PLLC.

Signature

Date