



Richard R. Townley, M.D. Thomas P. Miller, M.D.
Erin J. Gibson, PA-C

Financial Policy

Our focus at Allergy Associates of Western Michigan is to provide the highest quality of individualized care for each of our patients. In the interest of ensuring that we can achieve this goal, we encourage you to review our Financial Policy. Your understanding of these policies will assist us in providing you the best experience in the diagnosis and treatment of your allergic condition.

Appointment Cancellation

We request notice of cancellation at least 48 hours prior to your scheduled appointment. This courtesy on your part allows us to fill our schedule with another patient.

If a patient cancels the same day or fails to keep more than two appointments in a 6 month period, a \$50 fee may be applied to the patient's account. We require payment of this fee prior to scheduling any future appointments.

Payment for Services Rendered

Payment is expected at the time of service, unless other arrangements have been made through our Billing Department. We accept checks, cash, Visa and MasterCard for your convenience.

Injection and Office Visit co-pays are to be paid at the time of registration.

An administrative fee of \$25 will be added to your account for checks returned for insufficient funds.

Insurance Plans

We currently accept most insurance plans. Please contact our office in order to confirm that we participate with your plan.

A referral from your Primary Care Provider is required for patients covered under Blue Care Network plans.

In regards to Medicaid, we normally accept patients with plans based in Kent County. We also prefer that patients are covered under Medicaid managed plans. If you currently have straight Medicaid, please contact our Billing Department for further assistance.

As always, **patients are strongly encouraged to contact their specific insurance provider prior to their visit** to determine whether or not you have allergy benefits under your plan. In addition, it is your responsibility to be aware of any potential out-of-pocket costs prior to your visit. Out-of-pocket costs may exist under your plan even if allergy services are considered covered benefits.

If we participate with your insurance carrier(s), we will bill them on your behalf. In order to bill your insurance properly, your insurance card(s) and driver's license must be presented at registration, and these will be scanned into our computer system.

If you are uninsured, please contact our Billing Department as we are happy to help set up payment arrangements.

If the Patient is a Minor Child, it is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient's portion at the time of service. Adults must remain with minor children for the duration of the visit.

If court documents state that medical expenses are shared between parents/guardians, the custodial parent/guardian will be billed for the full amount of any remaining balance after co-pays and insurance payments are applied to the account. It is the responsibility of the custodial parent/guardian to obtain his or her reimbursement from the non-custodial parent.

PATIENT SIGNATURE, OR PARENT/GUARDIAN SIGNATURE IF PATIENT IS A MINOR

DATE

3185 Macatawa SW • Ste B
Grandville, Michigan, 49418-1274
Phone (616) 531-6900
Fax (616) 531-5847

1600 E. Beltline NE • Ste 303
Grand Rapids, Michigan, 49525
Phone (616) 531-6900
Fax (616) 447-2005