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Patient Financial Responsibility

The exact cost of an allergy visit can never be predetermined as office visit charges vary depending on procedures performed, complexity of care, and patient's health insurance. While we participate with several insurance companies, it is your responsibility to know your insurance benefits and ensure that our office is a contracted provider in your plan.

An *estimated* amount of your payment responsibility *could* be within the following range depending on your deductible and co-insurance. Additional procedures will increase the cost.

Office Visit:	\$150-300
Lung Function Testing (basic):	\$40-100
Allergy Skin Testing:	\$300-650
Allergy Extract (average cost for 6-month supply):	\$750-1500

Most services are paid for by the insurance company, however some insurance plans require patients to pay some portion of the bill (*out-of-pocket costs* or *patient responsibility*). These out-of-pocket costs could be a result of co-payments, co-insurance, deductibles, or non-covered services. We cannot waive co-payments, co-insurances, or deductibles as they are requirements placed on you by your insurance carrier.

After your visit, a bill for medical services will be submitted to your insurance company and they will inform us of the amount that you owe. You will be billed for these services and payment is due upon receipt of bill. We understand the stress that medical bills can impose on families and are willing to provide options to pay your bill. For your convenience, we accept cash, checks, major credit cards, and offer short-term payment plans.

After one missed appointment, we reserve the right to charge a \$50.00 no-show fee for subsequent no-show/missed scheduled appointments, and future appointments may require a credit card be placed on file prior to rescheduling. If a check that is presented for payment has insufficient funds, you will be charged a \$30.00 fee and checks will no longer be accepted as a method of payment. Accounts that are not paid in full within 90 days may be escalated to an outside collection agency.

Responsibility for Payment:

I have read and understand the financial policy of Eastern Allergy & Asthma Specialists. The patient requesting treatment is fully responsible for all fees incurred. HMO and managed care participants must provide proper referral forms or be responsible for fees incurred. All applicable insurance copayments are due at the time of service. If you do not have insurance, payment is expected at the time of service.

Signature of Party Responsible for Payment

Date