SLEEPWELL KIDS

A Division of Asthma and Allergy Specialists, PA

Financial Policy

Thank you for choosing SleepWell Kids to perform your child's sleep study. We are committed to providing you with quality and affordable healthcare. The following statements and information are provided to avoid any confusion regarding payment for professional medical services.

1. Due to the times of day that sleep studies are performed, all payments will be collected prior to the sleep study. Forms of payment accepted are: cash, personal check, Mastercard, Visa, American express, Discover and Care Credit.

2. Because a sleep technician has been reserved for your study, a credit card must be on file in the event of a no show or a cancellation of less than 48 hours. The fee for a no show or late cancellation is $200.

3. We accept most major insurance plans. If you are insured by a plan that we do not participate with, payment plans are available; however, arrangements must be made in advance with our staff. An up to date insurance card is required in order to verify the patient's benefits.

4. A member of our staff will verify coverage for the sleep study and obtain a prior authorization if needed. The information relayed to us by the insurance company is only an estimate. Any remaining balance that the insurance does not cover, is the patient responsibility. Payment in full is due from the patient upon receiving a statement from our practice.

5. All copays, deductibles and coinsurance payments are due prior to the study.

Acknowledgement and Authorization

I have read, understand, and agree to the aforementioned payment policy. I understand the charges not covered by insurance company, as well as copays, coinsurance, and deductibles are my responsibility.

I authorize my insurance benefits to be paid directly to Asthma and Allergy Specialists, P.A.

I authorize Asthma and Allergy Specialists, P.A., to release my medical records or other information to my insurance company when requested.

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Patient Name / Date of Birth

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Signature of Parent or responsible party **Date**

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Witness