



## Allergydox Financial Policy

Any patient with a Preferred Provider Organization (PPO) or a Health Maintenance Organization (HMO) insurance plan, with a high deductible, shall pay a deposit on the date of service. This deposit sum will be specifically applied toward that patient's visit costs. Any visit costs beyond the deposit payment will be handled by our billing department. A statement will be sent, inclusive of the patient's visit costs that your insurance company has determined to be owed by the patient.

**For high deductible plans (greater than \$500), you must pay the deposit(s) below corresponding to the service(s) you are receiving:**

- Pay \$100 deposit today for office visit alone and pay remaining balance when you receive your statement.
- Pay \$450 deposit today for any full panel skin testing and pay remaining balance when you receive your statement.
- Pay \$180 deposit today for pediatric panel skin testing and pay remaining balance when you receive your statement.

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_