



PEDIATRIC & ADULT ALLERGY, CLINICAL IMMUNOLOGY

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Our Office Policy

Welcome to our practice and thank you for choosing us as your health care provider. Our entire staff is committed to provide you with complete, comprehensive, high quality health care.

We look forward to meeting you on \_\_\_\_\_ At: \_\_\_\_\_
Your second appointment is scheduled on \_\_\_\_\_ At: \_\_\_\_\_
You third appointment is scheduled on \_\_\_\_\_ At: \_\_\_\_\_

All new patients must complete our Patient Information packet before seeing our physician. Please keep this page for future reference, fill out the remaining pages and bring them with you to your initial visit.

If you are taking any medications containing antihistamines, you will need to temporarily discontinue their use (most for 24 to 72 hours) prior to your appointment since Antihistamines may alter skin tests results. Attached is a list of all Antihistamines and how long before your appointment they have to be stopped, please keep this list for future reference. You do not need to stop any Asthma medications. For any other medications, do not stop them, but please check with our office staff first if you are on blood pressure medicines called beta-blockers (see attached list).

Please arrive 15 minutes prior to your appointment to finish registration. When you arrive, sign in with the receptionist and hand in your filled-in forms. Please bring with you your insurance card. If you belong to an HMO that requires a referral, bring the referral form with you, if it has not been sent directly to us by your health plan or primary care physician.

Please refrain from wearing fragrances into our office.

APPOINTMENTS: To reduce waiting time, all patients must make an appointment to see the doctor. Patients who are ill usually will be able to be seen the same day, but please call prior to coming to the office to assure a time slot. The only exceptions are emergency situations such as a severe Asthma attack or allergic reactions. Failure to cancel an appointment may result in a missed appointment charge. No appointment is necessary to receive an allergy shot.

PRESCRIPTIONS: For prescription refills, have your pharmacist call the individual office where your medical records are kept. We will not be able to approve any refills without your records. We will not refill routine prescriptions between the end of office hours on Saturday and the opening of the office on Monday. Patient must be seen at least every 12 months to obtain prescription refills (6 months for Asthma patients). For new prescriptions, the physician needs to be contacted first.

TELEPHONE CALLS: Physicians may be with patients when you call, but will return your call as soon as possible. This may not be until the end of the day in certain busy times, but we will get back to you. A physician is always on call in case of emergencies. To reach us after hours, call the office number and a message will tell you how to contact our answering service.

Billing Policy

All co-pays are due at time of service. We will bill your insurance carrier first. If you have a secondary insurance and you provide us with the secondary policy information, we will bill them second. If a balance remains, it will be your responsibility and you will be billed for it.

Most insurance company will process their claims within 30 to 60 days. Be aware that sometime it takes longer for some insurance companies to process a claim and we will not bill you until we hear from your insurance. Therefore it may take a few months before you will be billed.

Form #04

- 500 Skokie Blvd., Suite 140 Northbrook, Illinois 60062-2811 (847) 272-4296 24 Hour Answering Service
150 W. Half Day Road, Suite 200 Buffalo Grove, Illinois 60089 (847) 793-0777 24 Hour Answering Service
475 Brown Blvd., Suite 104 Bourbonnais, Illinois 60914 (815) 933-5092 24 Hour Answering Service
5911 Northwest Hwy., Suite 208 Crystal Lake, Illinois 60014 (815) 455-7289 24 Hour Answering Service

MEDICARE AND CHAMPUS: It is the policy of this office to accept assignment. Our office will bill Medicare (by law) and Champus on a monthly basis. Any benefits due will be sent to our office. We will submit to your secondary carrier; make sure to provide us with your secondary insurance information. If you did not provide us with this information, we will bill you for your 20% share of the bill and your deductible of any other charges approved by Medicare but not paid by them. We will send you a statement informing you of the balance you owe. Payment is due within 30 days from statement date.

PPO and MANAGED CARE: **All co-pays are to be paid at time of service.** We will submit to your insurance carrier on a monthly basis. After we have received payment from your carrier, there may be additional adjustments to your account done by our office. After that, the co-insurance and/or deductible balance are your responsibility and you will be billed for it. If you have a secondary insurance we will submit to your secondary carrier, make sure to provide us with your secondary insurance information. If you have a personal balance you will receive a statement detailing your charges. Payment is due within 30 days from statement date. Patients who see Dr. Boxer will be seen as out-of-network since Dr. Boxer is not contracted with any managed care companies. Their claims will be processed at a lower rate and their share of the bill will be larger.

PPO, POS and HMO WITH REFERRALS: If you have a primary care physician and must get a referral or authorization number to see a specialist, **we must have this referral or authorization number in our possession before you can be seen.** We need a referral or authorization number for each visit. **NO EXCEPTIONS.** If you insist upon seeing a physician without a referral, you will be responsible for payment if insurance will not pay, **and must pay at time service is rendered.**

PRIVATE INSURANCE: Payment is due for services regardless of your insurance policy. Your insurance policy is a contract between you and your insurance company and we are not a party to that contract. As a courtesy to our patients, we will submit claims to your insurance carrier every month. If your insurance company sends payment to us and you have a balance, we will apply that payment to your balance. If you have paid and the insurance company sent payment to us, we will refund the over-payment to you. Please be aware that some of the services we provide may be non-covered services. These charges will be your responsibility. You will receive monthly statement informing you on the status of your account.

UCR (USUAL AND CUSTOMARY RATES)

Our practice is committed to providing the best treatment possible for our patients, and we charge what is usual and customary for our area.

The following minimum payment scale is due from all new patients and current patients being tested.

First visit and testing: Private insurance-- minimum payment due \$50.00  
PPO-HMO-- your contract Co-Pay amount

Second through Fourth visit and testing: Private insurance--minimum due \$20.00  
PPO-HMO-- your contract Co-Pay amount

**PAYMENT IS DUE AT TIME OF SERVICE**  
**We accept cash, checks and credit cards.**

Thank you for understanding our Financial Policy. Please let us know if you have any questions. I have read the Office and the Financial Policies (above). I understand and agree to these policies.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or Responsible Part