IMPORTANT OFFICE POLICY/PROCEDURE INFORMATION

One of the policies we would like to remind you of is the policy regarding health insurance benefits. If you have health insurance, we would be happy to check on your coverage **as a courtesy to you**. ANY BENEFITS QUOTED BY OUR OFFICE STAFF IS NOT A GUARANTEE and it is the responsibility of the patient/responsible party to know what your health insurance coverage is and what your co pays, deductibles and covered benefits are. We strongly suggest you call your insurance company to make sure you have allergy coverage and to get the co pays and deductible amounts for your office visits and allergy services. It is also the patient's responsibility to keep us informed of any changes to insurance.

If you need a referral for services at our office, this is also the patient/responsible parties' responsibility. Our front office staff will try to assist you with the dates your referrals are good, however, it is your responsibility to contact your primary physician to obtain a referral prior to any allergy services or office visits at Kenwood Allergy and Asthma Center. If you do not obtain a referral and you receive services at our office, you will be responsible for the entire charge for all services performed in our office.

If for any reason you can not make it to your appointment at Kenwood Allergy and Asthma Center, PC, please let us know within 48 hours of your appointment time. Patients are subject to a cancellation fee for less than 48 hours notice of cancellation for an appointment.

If you are 15 or more minutes late for a scheduled appointment, you may be asked to reschedule. I, _____ the patient/responsible party, understand and agree to the above policies at Kenwood Allergy and Asthma Center, P.C. as well as the Patient-Provider Partnership agreement. Name of Patient (Print) Signature of Patient or Patient Representative Date Relationship of Patient Representative Patient Representative Name **ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES** Patient/Responsible Party Name: Date: I have read/been offered/received a copy of the Notice of Privacy Practices for Kenwood Allergy and Asthma Center, P.C. Kenwood Allergy and Asthma Center, P.C. □ may □ may not leave appointment reminder messages on my answering machine and/or with the individual answering the telephone number provided by patient. Kenwood Allergy and Asthma Center, P.C. □ may □ may not mail written communication to my home address Name of Patient (Print) Signature of Patient or Patient Representative Date Relationship of Patient Representative Patient Representative Name