



Tullyview Allergy, P.C.
1030 Reed Avenue, Suite 108
Wyomissing, PA 19610
Phone: 610-478-4033 Fax: 610-374-1115

BILLING POLICY

We are pleased that you have chosen Tullyview Allergy, P.C. for your allergy needs. Please read our billing policy and refer to this policy prior to any office visit and in the event you have insurance changes.

Any applicable co-pay is due at the time of service. We accept cash, personal checks, Visa, American Express and MasterCard for payment. There may be a charge added to your account for missed appointments or appointments cancelled with less than 48 hours' notice.

Patients with insurances that require a referral are solely responsible for obtaining proper referrals from their Primary Care Provider. If you do not have a referral for your visit, you will have the option of paying for the visit IN FULL at the time of service or you will need to reschedule your appointment until the referral has been secured. Our office makes every effort to remind you when referrals are needed, but at no time does securing the referral become the responsibility of our office.

Co-insurance, deductibles, and payments for non-covered services are the patient's responsibility. An itemized statement will be mailed to you after your insurance company has processed your claim.

New Patients: Our billing office will contact your insurance carrier prior to your visit to obtain co-pay, deductible, co-insurance and non-covered service information. Our billing staff will contact you with an ESTIMATE of your out-of-pocket expenses based on this information. Although we will try to provide accurate information, billing will depend on the level of service provided as well as the number of allergy tests required during the visit.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, contact us immediately. We will try our best to set up a reasonable payment plan, if necessary. Payment on your account will be expected by the last day of each month. In the event that your account is not kept current, we reserve the right to send your account to collections. If an account is sent to collections, patients may be responsible for collection fees and will be dismissed from the practice. If a patient wishes to return to our practice, payment of past due balances will be required as well as collection fees in order to return to the practice.

It is of utmost importance that you provide our office with complete responsible party information. It is our policy that we will collect payment at the time of service from any parent/guardian who may be bringing minor children to an appointment unless we are notified of other arrangements. In the event that there are legal or custody issues, please provide copies of legal documents to be kept as part of the patient's medical/financial record.

Any patients with outstanding balances may be refused services in our offices until arrangements can be made with our billing department. We reserve the right to charge credit cards for balances that are over 60 days if we have credit card information on file. Overdue accounts may be sent to collections, and, if so, patients will be directed to find another allergist for their medical needs. We reserve the right to apply interest charges to accounts in which any portion is unpaid 45 days from the date of service and to charge for returned checks.

Any questions regarding this policy can be referred to our Office Manager.