



ALLERGY & ASTHMA CLINIC

PORT HURON ALLERGY & ASTHMA CLINIC
Mohammad J. Khan, M.D., F.A.A.A.A.I., F.A.C.A.A.I.
Diplomate American Board of Allergy & Immunology
1206 Richardson Street
Port Huron, Michigan 48060
Telephone 984-4340
Fax 984-2303

WE WELCOME YOU AS A PATIENT AND APPRECIATE THE OPPORTUNITY TO PROVIDE YOU WITH ALLERGY AND ASTHMA CARE.

AS A COURTESY TO OUR PATIENTS, THIS OFFICE WILL SUBMIT CLAIMS TO YOUR PRIMARY INSURANCE CARRIER. IF APPLICABLE, YOUR CO-PAY OR DEDUCTIBLE IS DUE AT THE TIME OF SERVICE, NO EXCEPTIONS.

PATIENTS WITH BCBS MAJOR MEDICAL, WE EXPECT PAYMENT IN FULL AT TIME OF SERVICE. IF PAYMENT ARRANGEMENTS ARE NEEDED, THIS MUST BE ARRANGED PRIOR TO CONSULTATION OR TESTING. YOU WILL BE PROVIDED WITH RECEIPTS TO SUBMIT YOUR OWN CLAIMS.

MEDICAID PATIENTS WITH DIVORCED/SEPARATED PARENTS, PAYMENT IS THE RESPONSIBILITY OF THE PARENT WHO BRINGS IN THE CHILD. ALSO, IT IS THE PARENTS RESPONSIBILITY TO GET THE PROPER INSURANCE FORMS AND INFORMATION FROM THE OTHER PARENT.

WE DO NOT ACCEPT CREDIT, DEBIT, OR FLEX SPENDING MEDICAL ACCOUNT CARDS. CASH OR CHECK ONLY. WE WILL PROVIDE YOU WITH A RECEIPT TO TURN IN TO YOUR HUMAN RESOURCES DEPARTMENT.

OUR OFFICE NEEDS PERMISSION (IF NEEDED) TO LEAVE A MESSAGE ON ANSWERING MACHINE OR VOICEMAIL EQUIPMENT.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.

PATIENT SIGNATURE (OR RESPONSIBLE PARTY)

OFFICE REPRESENTATIVE _____