

Welcome to Mercer Allergy & Pulmonary Associates, LLC Authorizations and Financial Policies and Procedures

Welcome!

Thank you for choosing our practice for your healthcare needs. On behalf of everyone at Mercer Allergy and Pulmonary Associates, LLC, we welcome you to the practice. We strive to offer comprehensive, quality care for all of our patients.

Policies, Procedures and Authorizations

As with any health care organization, we have policies, procedures and authorizations you will need to be aware of and understand as they apply to you. Please familiarize yourself with the following policies, procedures and authorizations carefully.

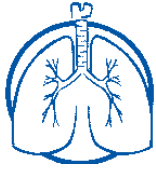
Please understand that these policies and procedures apply to you and that these policies and procedures apply to all patients equally regardless of payment source, monitored and enforced by patient financial services of Mercer Allergy & Pulmonary Associates, LLC. These policies may be amended from time to time at the discretion of the practice and available to you online at our website. If you have any questions about this information, please feel free to speak with patient financial services by calling 609-858-9918.

Again, thank you again for choosing Mercer Allergy & Pulmonary Associates, LLC.

Welcome, we look forward to assisting you with your health care needs.

Sincerely,

Mercer Allergy & Pulmonary Associates, LLC



Welcome to Mercer Allergy & Pulmonary Associates, LLC Authorizations and Financial Policies and Procedures

I have read and understand the authorizations of Mercer Allergy & Pulmonary Associates, LLC to include assignment of benefits, consent for medical treatment, consent to use and disclosure of health information for treatment, appointed representative, notice of privacy practice, and record usage for which these authorizations are a lifetime consent to Mercer Allergy & Pulmonary Associates, LLC. I have read and understand the financial provisions, policies, and procedures to include payment methods, uninsured account financial responsibility from insurance, insurance policy provisions, diagnostic and laboratory testing, collection activities, service fees, economic hardship, out-of-network, final cost of services, discharge patient, and prescription refill handling.

I understand that these financial provisions, policies, and procedures outlined in the Authorizations and Financial Policies and Procedures may be amended from time to time at the discretion of the practice and apply to me. I authorize the use of a copy of this authorization in place of the original.

Please print patient name: _____

Patient signature: _____ Date _____

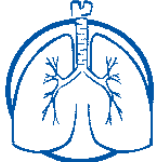
Date of birth: _____

If patient is a minor (less than 18 years of age) or incapacitated:

Please print responsibility party name: _____

Responsible party signature: _____ Date _____

Relationship to patient: ___ spouse ___ child ___ parent ___ other: _____



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Authorizations

Assignment of Benefits

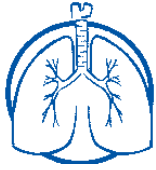
I certify that the information I have given to Mercer Allergy & Pulmonary Associates, LLC is true and correct to the best of my knowledge. I promise to pay to Mercer Allergy & Pulmonary Associates, LLC all charges and expenses for services provided to me by Mercer Allergy & Pulmonary Associates, LLC in accordance with its current fees and charges to the extent that those fees and charges are not covered or paid by my insurance or by another payment source such as Medicare. I request that payment authorized benefits under any private or government insurance program that covers me, including the Medicare program, be made on my behalf to Mercer Allergy & Pulmonary Associates, LLC for any services furnished to me by Mercer Allergy & Pulmonary Associates, LLC. I understand that possession of medical insurance does not relieve me of financial responsibility to Mercer Allergy & Pulmonary Associates, LLC. I will personally be responsible for all charges for services that are not covered by my insurance carrier.

Consent for Medical Treatment

I consent to treatment as deemed necessary and appropriate by clinical providers of Mercer Allergy & Pulmonary Associates, LLC.

Consent for Use and Disclosure of Health Information for Treatment, Payment and Operations

I consent to the use and disclosure of my protected health information by Mercer Allergy & Pulmonary Associates, LLC, its staff and business associates for the purposes of treatment, payment and health care operations. I authorize any holder of medical information about me to release to the Centers for Medicare Services or other third party payor organizations and its agents any information needed to determine my Medicare or health benefits, if any, for services furnished by Mercer Allergy & Pulmonary Associates, LLC. My protected health information includes any information that reasonably identifies me and relates (1) to the provision of healthcare to me, (2) to any of my past, present or future health conditions, or (3) to the past, present or future payment for any provision of healthcare to me. The information that is protected includes information related to my physical or mental health. I understand that I have the right to request that the practice restrict its use and disclosure of my protected health information that the practice is otherwise permitted to make for treatment, payment and healthcare operations. Mercer Allergy & Pulmonary Associates, LLC, however, is not required to agree to these restrictions. Nevertheless, if Mercer Allergy & Pulmonary Associates, LLC agrees to any restrictions the restrictions are binding on it. Finally, I understand that I have the right to revoke this consent in writing except to the extent that Mercer Allergy & Pulmonary Associates, LLC has acted reliance on it.



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Appointed Representative

Mercer Allergy & Pulmonary Associates, LLC may pursue collection of benefits in my name or in the name of Mercer Allergy & Pulmonary Associates, LLC as my appointed representative and agent.

Record Usage

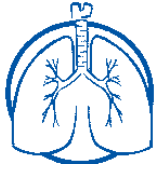
I give my consent to Mercer Allergy & Pulmonary Associates, LLC, its staff and business associates to use my medical records for gathering and research purposes. I understand that all identifying information in my record will be coded with confidentiality. I understand that all patient and medical provider communications and will be held in the strictest confidence.

Payment Methods

I am responsible, at the time of service, for all expenses incurred during my visit. Mercer Allergy & Pulmonary Associates, LLC accepts non-cash payments by check, and credit card. Mercer Allergy & Pulmonary Associates, LLC will assist me in paying any amount through the option of payment plans with third party financing options, monthly automatic withdrawal of an agreed upon amount in writing from a checking account or credit card account over a defined period. All delinquent payments are handled in accordance with applicable banking laws of regulations.

Uninsured Accounts

Mercer Allergy & Pulmonary Associates, LLC will offer a time of service payment discount should I not use insurance or should I specifically elect to not use my insurance for payment. The amount I will pay is determined from a decided fee schedule and considered payment in full. I understand that the time of service discount applies to all patients for services provided. I understand that Mercer Allergy & Pulmonary Associates, LLC has agreed to furnish the healthcare services that have requested or recommended by a healthcare provided by Mercer Allergy & Pulmonary Associates, LLC in exchange of payment in full from me at the time of service. The discount at the time service is offered to me because I do not have insurance available to pay for all or a part of the service to be furnished by Mercer Allergy & Pulmonary Associates, LLC and I have agreed to pay in full for services at the time of service. I further acknowledge and attest that I do not have insurance coverage for this service or have made the sole and personal decision to not use my insurance coverage and will no way file a claim for this service with any insurance carrier at any point in the future.



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Financial Responsibility Resulting from Insurance

I understand that I am responsible for my cost sharing as defined by my insurance carrier at the time of service. Mercer Allergy & Pulmonary Associates, LLC will submit claims to my insurance carrier for primary and secondary insurance covered services. Mercer Allergy & Pulmonary Associates, LLC will prepare a statement on amount owed if amount was unable to be calculated at the time of service. Payment or payment arrangements will be made by me within thirty (30) days of a receipt of a statement by Mercer Allergy & Pulmonary Associates, LLC

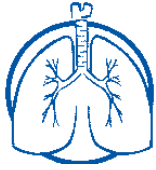
Insurance Policy Provision

I understand for purposes of this document that “Insurance carrier” shall mean a health plan or insurance company and benefit plans offered by similar organizations of other types of benefit plan structures. “Insurance carrier” shall include programs offered by The Centers for Medicare services, related Medicare replacement plans, programs offered by the Department of Defense and all organizations offering a form of health care or medical benefit coverage.

Mercer Allergy & Pulmonary Associates, LLC may or may not participate with my insurance carrier. It is my responsibility to determine the financial obligations of care. My insurance policy is a contract between me and the insurance carrier. I am ultimately responsible for all charges incurred at Mercer Allergy & Pulmonary Associates, LLC. It is my responsibility to know the benefits and provisions of my insurance policy. If I have any questions or concerns regarding the benefits of my policy, I will contact my insurance company directly. I am responsible for all charges denied or reduced by my insurance carrier. A current insurance identification card is required at each visit. If my insurance cannot be verified at the time of my visit, I will be obligated to pay for services until confirmation of my insurance coverage can be obtained. I shall supply current and accurate information regarding my insurance policy.

Referrals, Pre-Certifications and Authorizations

I understand that my insurance carrier may require that I have a referral to be seen, and pre-certifications to receive services in addition authorizations may be required and that I shall be sole responsible to obtain required approvals and referrals to receive care. I understand that if I do not have or obtain necessary referrals or authorizations or fail to notify immediately the insurance company of any hospital admissions or care this may result in my responsibility for payment for the services.



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Non-Covered Services

Non-covered services as defined by my insurance carrier will be required to be paid for at the time of service. Non-covered services could include services previously covered by insurance carrier but are services that have a limitation of coverage making a covered service a non-covered service. This determination of coverage is defined by your insurance carrier and subject to your certificate of coverage and policy with the insurance carrier you have selected to assist in your obligation of payment for services. I understand that it is my responsibility to contact my insurance carrier regarding my specific plan structure and coverage.

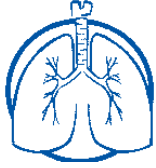
Diagnostic and Laboratory Testing

My care at Mercer Allergy & Pulmonary Associates, LLC may include laboratory and diagnostic testing. Tests performed billed by Mercer Allergy & Pulmonary Associates, LLC include but are not limited to certain pathology and radiology testing along with other testing not performed and billed by Mercer Allergy & Pulmonary Associates, LLC is performed by outside vendors will receive a separate billing for these services from that vendor (laboratory or diagnostic testing center). For laboratory specimen handling fees will be charged by Mercer Allergy & Pulmonary Associates, LLC. If my insurance carrier requires use of a laboratory or diagnostic testing center, I must inform the provider and practice at time of testing is ordered by Mercer Allergy & Pulmonary Associates, LLC will not be responsible for specimens' sent to the wrong laboratory referral to testing centers. I understand that there may be many different laboratory and diagnostic testing or screening that Mercer Allergy & Pulmonary Associates, LLC healthcare providers feel are required for my medical care which may be covered by insurance carrier (non-covered services). The healthcare providers have no knowledge of my insurance benefits plan so there is no guarantee that any test ordered will be covered by my insurance carrier. In many cases patients request these non-covered tests. The testing centers will submit charges for these test and I am ultimately responsible for payment of such testing. As an informed consumer and active participant in my healthcare, I will make sure that I understand exactly what tests are being ordered by my healthcare provider before permitting the tests to be performed.

Collection Activities

Returned Check Fees

I understand that if Mercer Allergy & Pulmonary Associates, LLC receives a returned check written by me or on my behalf, I will be charged a returned check fee of \$30.00 and will be required to pay cash or use a credit card for any future payments for a defined period of time. Failure to repay the returned check and the returned check fee may result in collection proceedings and may lead to dismissal of me as a patient from Mercer Allergy & Pulmonary Associates, LLC.



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Account Interest

I understand that my account balance must be paid within 30 days but no later than 90 days after I receive a statement reflecting my account balance. Account interest will be calculated each month on the amount of the unpaid balance after deducting payments or adjustments and before adding new services. After 90 days, I will be charged interest rates permitted by law on a monthly basis thereafter until the balance is paid in full. Account interest is only applied to amounts I may owe and not owed on my behalf by my insurance carrier.

Collection Process

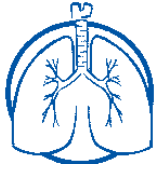
Any balances determines as patient responsibility that remain unpaid after 90 days will be subject to an in house review. If at that time satisfactory payment arrangements have not been established, I understand that I may receive a letter from Mercer Allergy & Pulmonary Associates, LLC notifying me that I have until the end of the current month or date noted in the letter to pay my balance in full or my account will be forwarded to an outside collection agency and I will be subject to an additional processing fees as permitted by law in addition to any account interest as permitted by law. I further understand that I may not be allowed to schedule any further appointments with Mercer Allergy & Pulmonary Associates, LLC, receive any medication refills, or seek any medical advice of any kind from Mercer Allergy & Pulmonary Associates, LLC until this collection balance is paid in full except if I am hospitalized or in a limited post-operative follow-up period. In the even my account is sent to an outside collection agency, I understand that I will be obligated to pay all collection costs, expenses and reasonable attorney's fees and court costs should be the collection process advance to litigation.

Service Fees

The following are some but not all service fees assessed by the practice. Service fees are subject to change at the disclosure of the practice.

Medical Records Releases

Mercer Allergy & Pulmonary Associates, LLC will only release medical records when a valid, HIPPA compliant authorized by a court-ordered subpoena is received. Due to increasing prices of office supplies, equipment and postage, Mercer Allergy & Pulmonary Associates, LLC will assess appropriate fees of copying and mailing of records. Please contact Mercer Allergy & Pulmonary Associates, LLC for medical records for further information regarding specific pricing for copies of medical records.



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Missed Appointments

I understand Mercer Allergy & Pulmonary Associates, LLC may, but not required to, call me to confirm my upcoming appointment date and time. I understand that I am ultimately responsible to keep my booked appointment and Mercer Allergy & Pulmonary Associates, LLC may charge \$70.00 for a missed appointment (established patients) and \$100.00 for new patients. I understand I will personally pay the fee for a missed appointment when I neglected to notify the practice in a timely manner. Multiple missed appointments may lead to termination as a patient from the practice.

Emergency Calls

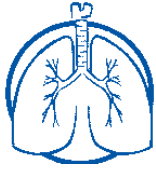
Mercer Allergy & Pulmonary Associates, LLC is not an emergency service. If you ever experience a life-threatening emergency, you should immediately call emergency services.

Disability, Insurance or Employment Forms

Mercer Allergy & Pulmonary Associates, LLC will prepare the necessary forms supplied by the patient that are required by the insurance companies or employers. These forms are often quite detailed and lengthy and therefore cannot be completed quickly by Mercer Allergy & Pulmonary Associates, LLC. Patients may leave the form at our office for completion with all information that you can provide already filled in. Mercer Allergy & Pulmonary Associates, LLC staff will then complete the form within ten (10) working days. Mercer Allergy & Pulmonary Associates, LLC charges a usual and customary fee for each form completed. Payment in full is required at time of request to complete forms but not later than the time at which such forms are released.

Economic Hardship

Mercer Allergy & Pulmonary Associates, LLC maintains an economic hardship for patients unable to meet the financial obligations of services rendered. The policy allows Mercer Allergy & Pulmonary Associates, LLC to write down the balance owed when income levels do not meet a threshold calculate as a percentage of the federal poverty level. Patients may qualify for such discount once per year when meeting the written definition maintained by the Business Office of an economic hardship discount. The classification of economic hardship documented proof from the patient in accordance with written guidelines that may include disclosure of IRS annual tax filing returns to the Business Office.



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Out-of-Network

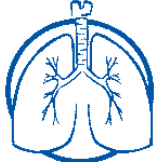
In cases where Mercer Allergy & Pulmonary Associates, LLC is not recognized as a participating provider and considered “out-of-network”, Mercer Allergy & Pulmonary Associates, LLC may elect to notify and provide full disclosure upon submission of a claim to my insurance carrier that Mercer Allergy & Pulmonary Associates, LLC will offer a discount to me as their insured member. Mercer Allergy & Pulmonary Associates, LLC will bill my insurance carrier its full charge and then discount the patient portion of the payment to usual and customary as defined by my insurance carrier. Should my insurance carrier offer payment to Mercer Allergy & Pulmonary Associates, LLC at the discounted rate offered to me as the patient, Mercer Allergy & Pulmonary Associates, LLC will accept the payment from the insurer as payment in full. Mercer Allergy & Pulmonary Associates, LLC at no time is charging two different prices for the same service nor is pricing based on the fact that an insurance company may be paying for all or a part of the service rendered. This is not a waiver or discount of any co-payment, coinsurance or deductible amounts owed for services rendered and it not offered and should not be interpreted as an “inducement” to have services rendered.

Final Costs of Services

I understand that I may inquire about costs of services for office, laboratory, surgical or other procedures. I also understand that Mercer Allergy & Pulmonary Associates, LLC representatives can only estimate potential costs and cannot guarantee my final costs until all procedures have been performed and documentation has been reviewed by Mercer Allergy & Pulmonary Associates, LLC business office, I further understand that after review of my procedures I may receive a statement for additional expenses. The practice will comply with requests for estimate of charges and will supply that to you before the 5th business day after the date on which the estimate is requested.

Discharge of a Patient

I understand that Mercer Allergy & Pulmonary Associates, LLC has the right to discharge any patient from the practice at any time for various reasons, including but not limited to, failure to abide by Mercer Allergy & Pulmonary Associates, LLC, financial policies, noncompliance of recommended treatment plans, drug-seeking activity, and any abuse of Mercer Allergy & Pulmonary Associates, LLC health providers and staff. A patient may be discharged by Mercer Allergy & Pulmonary Associates, LLC should healthcare practitioners feel that alternative health care would be more efficiently provided in an alternative setting of following specific episode of care. If this occurs, I understand that my medical records will be released by the physician or healthcare facility of my choice only after I appropriately signed documentation is received by Mercer Allergy & Pulmonary Associates, LLC. I further understand once discharged from Mercer Allergy & Pulmonary Associates, LLC, if adverse reasons, I may not be allowed to return as a patient of Mercer Allergy & Pulmonary Associates, LLC in the future.



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Prescription Refill Handling

I understand that Mercer Allergy & Pulmonary Associates, LLC may prescribe medications as part of my treatment plan; a refill of such medication might be warranted. Prescription refill management process of Mercer Allergy & Pulmonary Associates, LLC requires patient access to the process, communication between clinic and pharmacy, decision making by the clinic, patient notification and medical record documentation. These elements are done best when patients contact the pharmacy or mail order program where their initial prescription of medication needing a refill was handled. If no refills remain of the prescription or the prescription is beyond its allowable refill the pharmacy or mail order program will notify Mercer Allergy & Pulmonary Associates, LLC.