



Columbia  
Asthma & Allergy  
CLINIC

Columbia Asthma & Allergy Clinic  
3400 SE. 196<sup>th</sup> Ave. #101  
Camas, WA 98607  
Phone: 360-834-6700  
Toll Free: 877-834-6740

## **FINANCIAL POLICY**

### **METHOD OF PAYMENT:**

We accept Cash, Check, Care Credit or MOST Major Credit Cards for your convenience.

### **NEW PATIENTS:**

For new patients without insurance coverage, we expect payment in full at the time of service. For all patients with insurance, we require the estimated co-payment of the total charge to be paid at the time services are rendered.

### **USUAL & CUSTOMARY RATE:**

Our clinic is committed to providing the best treatment possible for our patients. We charge what is usual and customary for our area. You are responsible for paying any balance in full, regardless of your insurance company's determination of usual and customary rates.

### **BILLING FOR INSURANCE ACCOUNTS:**

If your insurance company pays differently for any reason than estimated, it is understood that you are responsible to pay any remaining balance within 30 days of notification by your insurance company. If after 60 days from filing your claim we have not received payment from your insurance carrier, we will ask you to pay the remaining balance on your account.

### **APPOINTMENT FAILURES AND CANCELLATIONS:**

We require a 48-hour notice of change of appointment or cancellation. We appreciate you as a patient, and cooperation in complying with this policy will assist us in providing the best care possible to all of our patients.

**PLEASE DO NOT HESITATE TO ASK US ANY QUESTIONS ABOUT OUR OFFICE POLICIES. WE WANT YOU TO BE COMFORTABLE IN DEALING WITH THESE MATTERS AND WE URGE YOU TO CONSULT WITH US IF YOU HAVE ANY QUESTIONS REGARDING OUR SERVICES.**