



# Allergy Asthma Care, P.C.

*Allergy, Asthma, and Clinical Immunology*

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Kenneth W. Blumenthal and staff are committed to providing you and your family with quality medical care at a reasonable cost. This Allergy Asthma Care, P.C. Financial Policy outlines your financial responsibilities. It has been created to avoid any misunderstanding or disagreement concerning payment for professional services provided by Allergy Asthma Care, P.C. and staff.

- 1.) Allergy Asthma Care, P.C. participates in many insurance plans and managed health care programs. Our office will submit a claim on your behalf for services rendered in our office with our providers. It is your responsibility to:
  - a) Provide our office with accurate, updated and complete insurance information.
  - b) Bring insurance card(s) to every visit.
  - c) Pay any co-pay, coinsurance, and/or deductible at each visit.
  - d) Make payment in full at the time of each visit for medical care and office procedures that are not covered by your insurance plan.
- 2) If you have insurance for which we are not a participating provider, our office will gladly file your claim upon request. Payment for the office visit and any procedures performed is expected in full, at the time that services are rendered.
- 3) Patients that do not have insurance are expected to pay for all professional services provided at the time service is rendered.
- 4) If you are unable to pay in full for medical services provided to you and your family, it is your responsibility to call our office and make necessary arrangements with our staff in advance.
- 5) It is your responsibility to bring any referrals that may be required by your insurance companion the day of, or prior to your office visit. If you do not have the necessary referral at the time of service, your appointment may be cancelled or you may be held fully responsible for all charges incurred at that time.
- 6) If the patient is a minor (17 years old or younger), the patient's parent or legal guardian is financially responsible for any charges due at the time of service. Treatment will be denied for minors not accompanied by a parent or guardian without prior legal arrangements. The parent or legal guardian is responsible for providing complete and accurate insurance information and any necessary referrals.
- 7) Account balances not paid in full, may be transferred to a collection agency and/or an attorney. The collection agency or attorney will charge additional fees that will be added to your balance. If this occurs, the patient/guarantor will be responsible to pay additional costs of collection, including collection agency fees, attorney fees and interest at one and one-half percent (1 1/2%) per month.
- 8) If you have any questions about your insurance, we are happy to be of assistance. Specific coverage issues however, should be directed to your insurance company.

We at Allergy Asthma Care, P.C. firmly believe that a good patient-physician relationship requires understanding and good communication. Please sign below, indicating that you have read, understand, and agree to the Allergy Asthma Care, P.C. Financial Policy.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Responsible Party