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PATIENT INFORMATION AND RESPONSIBILITIES

Welcome to Dr. Steven M. Sockin's office. We have an obligation to provide you and all of our patients with the best possible care. In order to provide that care, you must also assume responsibility to fulfill your obligations as a patient and as a subscriber to various health insurance plans. Due to the increasingly complex environment of federal, state, and managed-care statutes, it is vital that you understand our policies and procedures.

REFERRALS, AUTHORIZATION, AND INSURANCE-MANDATED-REQUIREMENTS

Although our office is a member of many insurance plans, we are not agents of these plans. You have agreed to the terms of the contract with your health plan. It is **YOUR** responsibility to ensure that all referrals and authorizations have been obtained at the time of your appointment. **Except in emergencies, we are contractually unable to provide services unless you have complied with your health plan's requirements.** Any patient who comes to the office without a proper referral of authorization will have to reschedule the appointment.

FINANCIAL POLICIES

INSURANCE: There are vast number of insurance plans and companies. Even within a company, there may be many programs with varying benefits and requirements. There is **NO WAY** that we can know or keep up with each company's provisions. It is **YOUR RESPONSIBILITY** to know and advise us of your program's requirements in advance, **EACH AND EVERY TIME** we schedule an appointment or provide a service to you. Please understand that if we have not been advised in advance of your program's requirements or conditions and we provide a service or use a laboratory that is outside of the program, you will be responsible for the appropriate fee. **These are not our regulations; they are your insurance company's regulations.** Unless you follow them carefully, the insurance company may deny all or part of your claim.

1. **CO-PAYS- Co-pays will be collected at the time of service.** Co-pays are a contractual obligation determined by your health plan; therefore it is your responsibility to know the proper amount.
2. In the event your health plan determines a service to be a "non-covered" charge and a beneficiary responsibility, you will be responsible for the complete charge. In the event, we will bill you.
3. If you have insurance coverage with a plan with which we do not participate; as a courtesy, we will prepare and process the claim for you. In many circumstances, your insurer will send the payment directly to you, at which time you must either endorse the check and forward it to us or deposit and write a personal check for that amount.

PAYMENT TERMS

1. We do not bill our patients for any amounts until (contracted) insurance has paid (or denied) our claims. Once payment is received, you will be billed for your patient-responsible portion, (deductibles)
2. Co-pays are expected at time of service.

LABORATORY AND RADIOLOGY TESTS-MEDICAL CONSULTATIONS

TESTING: You are responsible for obtaining the diagnostic tests, consultations or treatments recommended by the doctor as well as complying with recommendations. You are always free to obtain other opinions if you are uncomfortable with the advice given by the doctor. Except in legitimate emergency circumstances, it is **YOUR** responsibility to ensure that all tests and consultation reports ordered by other doctors have been received by our office. **New federal privacy regulations and a lack of resources will not allow us to retrieve the information at your appointment time.** Availability and evaluation of test results are integral to your medical care.

Your physician may order additional tests that we are unable to perform at this office. It is your responsibility to check with the facility AND your insurance company to determine if the facility participates in your plan and if referrals or authorizations are required.

We receive many test results on a daily basis. If you do not hear from us or receive notification within five days after your test(s), please call our office. It is usually necessary for you to schedule a brief appointment to discuss your test results with the doctor. It is up to you to ensure that we receive test results ordered by other physicians in a timely manner. As an equal participant in your healthcare, you also have an obligation to comply with your doctor's advice. You assume full responsibility for the potentially life-threatening consequences of your failure to comply with the doctor's recommendations.

CHANGE OF CIRCUMSTANCES

It is your responsibility to notify this office, when making or arriving for an appointment, or any of the following:

1. Change of address or phone number
2. Change of insurance coverage and date of change
3. Change of person responsible for payment or insurance

Failure to notify us may result in your being held fully responsible for any charges incurred.

We agree to accept responsibility to provide you with appropriate and compassionate medical services as may be medically necessary.

You agree to accept financial responsibility for co-payments, deductibles and medical care or services that are provided to you which are not specifically covered by your health benefit plan or not covered due to the absence of authorizations/referrals you are obligated to obtain. You also recognize that as a partner in the management of your health care issues, you have an obligation to comply with the doctor's recommendations and treatment plans. You also understand that you are free to seek other opinions or treatments elsewhere if you are uncomfortable with the doctor's recommendations.

PATIENT SIGNATURE: _____

DATE: _____