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PLEASE READ CAREFULLY

Thank you for choosing the Allergy, Sinus and Asthma Center. Our mission is to provide you with the most courteous, sympathetic treatment and the highest quality of medical care available, at a cost that is both fair and reasonable. We have found that many of our patients have had questions about their insurance coverage. We have created this form to help you understand how our insurance process works.

1. We will verify your insurance coverage before your appointment to confirm what your deductible, co-payment, and/or percentage is for each visit. The benefit information received during the verification is **NOT A GUARANTEE OF BENEFITS BY YOUR INSURANCE COMPANY OR FROM THE ALLERGY, SINUS AND ALLERGY CENTER.** You are responsible for knowing coverage and limitations of your insurance policy. If you have questions, we encourage you to contact a customer service representative with your insurance company prior to your appointment.
2. After your visit, please be prepared to pay any deductible, co-pays and/or percentage due. We accept cash, checks and most major credit cards.
3. We value your business, and as a courtesy, we will file your insurance claims to your primary insurance company for you.
4. If we are not providers for your insurance company, we will still file your claims on your behalf. However, if we do not receive full payment within 45 days, it will then become your responsibility to pay us **in full.** You will then need to contact your insurance company for reimbursement.
5. If your primary insurance company pays you directly, you should be prepared to pay the balance in full at the time of service.
6. If you have a secondary insurance policy, we will also file those claims for you. Secondary claims can only be processed after the primary insurance responds to the claim. If the secondary insurance company sends a payment to you, please endorse the check and forward it to our office along with the explanation of benefits. We will then adjust your account accordingly.
7. Our office consists of a supervising physician and an Advanced Registered Nurse Practitioner. We encourage you to contact your insurance company and verify if any policy limitations exist that may exclude coverage by physician extenders.

If you have any questions about your insurance verification, we will make every effort to answer them before you are seen. It may be necessary for you to contact your insurance company directly, if we are unable to address your concerns or answer your questions. Once again, thank you for choosing The Allergy, Sinus and Asthma Center and we hope your visits with us will be pleasant and helpful.

Sincerely,
The Allergy Center Staff

Signature: _____ Witness: _____