

**Partners in Allergy & Asthma Care, LLC** *A division of Florida Pediatric Associates, LLC*  
**Financial Policy (Effective 04/01/26)**

**Partners in Allergy & Asthma Care, LLC would like to welcome you to our practice. Our goal is to provide you with excellent medical care and to make your visits as convenient as possible.**

**By signing below, you confirm that you have read this policy and understand that:**

**Your account must be kept current—accordingly, all self-pay or insurance co-payments, co-insurances, and deductibles will be collected at the time of service, payable by cash, check, Visa, MasterCard, Discover, or American Express.**

- It is your responsibility to inform our office of any change in your name, address, phone number, or insurance.
- If you do not have your payment(s), your appointment will be rescheduled.
- Initial or follow-up appointments, a **Missed Appointment Fee of \$50** will be assessed to your account if you fail to notify the office at least one business day before your scheduled appointment. No additional appointments may be scheduled until the fee is paid. If you miss or cancel your initial appointment or any two follow-up appointments without proper advance notice, we may terminate our treatment relationship with you. If that occurs, we will provide you with written notice within a reasonable amount of time for you to find a new treatment provider.
- **There is a \$75 charge for the completion of medical forms (for example: disability, FMLA, etc.); \$40 charge for special letters for employer, insurance, etc. Allow at least 3 business days for forms to be completed. Fee must be paid prior to form/letter being generated.**
- **There will be a \$40 charge for the completion of school forms. Forms must be renewed each school year per the county school board. Our Providers take time to make sure the forms are completed correctly for your child. Our charge is for completion of the forms, not for the forms themselves, and is payable before the forms are completed. Allow at least 3 business days for forms to be completed.**

**If you have health insurance coverage:**

*Although we verify your benefits with your insurance policy, please be advised they only give us an estimate of your coverage. All insurance companies state that this is not a guarantee of payment.*

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified prior to your appointment.
- **If your insurance policy requires a referral from your primary care physician, it is your responsibility to have that referral faxed to our office prior to your appointment. **If there is not a current referral, you will be asked to reschedule your appointment.****
- Not all services are a covered benefit with all insurance plans. It is your responsibility to be aware of what service(s) is being provided to you and if it is a covered benefit under your insurance policy. You are responsible for any non-covered charges not payable by your insurance policy.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact our billing office at 727-456-3288 promptly for assistance in the management of your account. If you have any questions about the above information, *please* do not hesitate to ask us. **We are here to help you.**