Main Line Allergy Office Policy

Jack M. Becker, M.D. A. Geoffrey DiDario, M.D. Jennifer Kannan, M.D. Hillary B. Gordon, M.D.
Megan K. Ford, M.D. Lauren Woodward, PA-C

491 Allendale Road, Suite 223
King of Prussia, PA 19406
(610) 768-9323
(610) 768-9325 (Fax)

233 E. Lancaster Avenue, Suite 200
Ardmore, PA 19003
(610) 642-1643
(610) 642-0245 (Fax)

301 Horsham Road, Suite H
Horsham, PA 19044
(215) 657-8150
(215) 657-8152 (Fax)

MEDICAL INFORMATION CONSENT REQUIRED BY LAW TO ENSURE THAT YOU ARE AWARE OF THE WAYS IN WHICH MAIN LINE ALLERGY MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND OPERATION PURPOSES. Your Medical Health Information is Treated as Confidential. In general, any information that is about your health, the health care you receive, or payment for that care, is considered confidential and protected by Main Line Allergy. How we use and disclose medical information is described in more detail in the Main Line Allergy Medical Information Notice, which you have a right to receive. The Main Line Allergy Medical Information Notice is available for your review by asking the office manager or any member of our staff.

Using and Disclosing Information for Treatment, Payment and Health Care Operations. If you sign this Medical Information Consent, Main Line Allergy will be permitted by law to use and disclose your medical information for treatment, payment and health care operations. For instance, we will be authorized to share necessary information in order to bill your insurer. Please read the Notice for a complete description of the ways in which we use and disclose your medical information for these purposes. We also have the right to announce a patient's name when taking them back for a visit or injection.

Restrictions on How Main Line Allergy Uses and Discloses Your Health Information. You can ask Main Line Allergy to restrict the medical information used or shared about you for treatment, payment and health care operations. We may not be able to agree with your request, and will tell you so. If we do agree with your request, we are bound to follow it.

Your Right to Revoke This Consent. You can take away this Consent at any time, as long as you do so in writing. Please consult the Notice, the office manager or any member of our staff for more information on how to revoke this Consent. Your revocation will not apply to any use or disclosure of your medical information by Main Line Allergy prior to the revocation and based on the original Consent. Main Line Allergy's Right to Change Its Notice Form. We have the right to change our Notice at any time. If we do so, you may obtain a copy of the revised Main Line Allergy Information Notice by consulting the office manager or any member of our staff.

E-PRESCRIBING

e-Prescribing is defined as a physician's ability to electronically send an accurate, error-free, and understandable prescription directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. e-Prescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an e-Prescribe program.

These include:

* Formulary and benefit transactions – Gives the prescriber information about which drugs are covered by the drug benefit plan.

* Medication history transactions – Provides the physician with information about medications the patient is already taking to minimize the number of adverse drug events.

By signing this consent form you are agreeing that Main Line Allergy can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payors for treatment purposes.

PATIENTS REQUIRING INSURANCE REFERRALS FROM PRIMARY MEDICAL DOCTORS (HMO INSURANCE PLANS):

New patients and returning patients who need an insurance referral MUST arrive for their appointment with a referral. If a patient does not have a referral, that patient will not be seen. The only exception is sick patients who were put on the schedule the same day as their visit (they must sign a waiver form, stating they will be financially responsible for the visit if a referral is not received within 24 hours of the visit).

Please feel free to contact the office prior to your appointment to confirm that we have received the referral from your primary medical doctor.

OFFICE POLICY

All patients are asked to arrive 10 minutes early. **If you arrive 15 minutes late, your appointment will need to be rescheduled.**

Your appointment time is scheduled especially for you. If you are unable to keep your appointment, we require 24-hour notice, to be given during office hours. Patients will be charged $25 for missing an appointment without 24-hour notice and $50 for No-shows. There are other patients waiting for those appointment times if you are not coming. Should multiple missed visits occur, our doctor-patient relationship may need to be terminated.

We will not see walk-in patients, as they disrupt schedules. Payment is due at the time of the visit (Cash, Checks, MasterCard/VISA/AmericanExpress). There will be a $20 fee for returned checks.

Prescriptions will not be renewed unless you have seen your doctor within one year. Patients may need to be evaluated more frequently based on medical diagnosis, medications, or illness.

Patient balances must be cleared prior to the next scheduled appointment unless payment arrangements have been made with the Billing Manager. After-hours calls are for emergencies only

We close daily for one hour for lunch. Nurse calls will be answered from 9:00 a.m. until 4:30 p.m.

Insurance/Financial Responsibility

Please familiarize yourself with the terms of your insurance. You will be expected to know if referrals are necessary. You are also expected to know which hospitals, labs, x ray facilities, etc. you may use. If your insurance company does not cover a particular service, you will be held

responsible for payment. Self-paying patients must pay at the time of service. Patients with PPO, HMO and POS plans must pay the co-pay at the time of the visit. Co-pays may not cover total payment. Any additional patient responsibility is due within two (2) weeks of receipt of a statement. I authorize payment of insurance benefits directly to Main Line Allergy. I understand that I may still be responsible for any amounts not paid by my insurance company such as deductibles, co-pays, co-insurance amounts and/or any non-covered services. I authorize any insurance company, organization, employer, hospital, physician, or pharmacist to release any information requested with regard to processing my claims and/or collecting any monies due relating to such claims. I certify that the information I furnish is true and correct. I know it is a crime to provide information I know to be false.

HIPAA:

I give permission to Main Line Allergy, LLP and its Agents to leave a voicemail message, email or send a text message to confirm appointments.

I hereby give the physicians of Main Line Allergy, LLP permission to discuss my medical information with the individuals listed below. This permission is to remain in effect until written notification is given rescinding said permission.

Name: _____ Relation to patient: _____

Name: _____ Relation to patient: _____

New patients and returning patients who need an insurance referral MUST arrive for their appointment after confirming the referral with Main Line Allergy, LLP. If a patient does not have a referral, that patient WILL NOT BE SEEN. The ONLY EXCEPTION is sick patients who were put on the schedule the same day as their visit and will be held financially responsible for the visit if the referral is not received within 24 hours of the visit. You may contact the office prior to your appointment to confirm receipt of the referral from your primary care doctor.

Deductible Insurance Plans

Patients with deductible insurance plans: New patients must pay $175 toward their deductible before they can be seen for their appointment if their deductible has not been met. Returning patients must pay $50 toward their deductible before they can be seen for their appointment if their deductible has not been met. Depending on your insurance plan and coverage details, a card on file may be required at the time of visit. This card will only be charged after 4 months of non-payment for any outstanding balance.

If the full deductible amount has been met, proof will need to be provided if we cannot confirm. If payment received from your insurance company results in a credit balance, the credit balance will be refunded to you. If payment received from your insurance company results in a balance due, the balance due will be billed to you.