

ASTHMA, ALLERGY & IMMUNOLOGY INSTITUTE, PLC
29275 Northwestern Highway, Suite 202
Southfield, Michigan 48034.
Telephone (248) 304-8904; Fax: (248)304-8906

**Authorization and Agreements for Medical Treatment,
Insurance Benefits and Financial Responsibility.**

CONSENT FOR EXAMINATION: I understand that medical treatment may be necessary for the patient by ANNIE A. ARREY-MENSAH, M.D. or her associates or assistants.

I understand the examination procedures will be explained to me and I shall consent to the partial or complete examination. I understand that the examination results will be provided to me with recommendations. The responsibility for any follow-up examinations to check abnormalities found and treated, lies with me and not with ANNIE A. ARREY-MENSAH, M.D. I hereby release my examiner from all responsibility in connection with this examination.

CONSENT FOR TREATMENT: I understand that medical treatment is necessary for the patient by ANNIE A. ARREY-MENSAH, M.D. or her associates or assistants. I hereby consent to and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of ANNIE A. ARREY-MENSAH, M.D. No guarantee or assurance has been given by anyone as to the results that may be obtained by such treatments.

FINANCIAL AGREEMENT:

1. Payment is due at the time of service. We accept cash, checks, and credit cards.
2. All co-payments, deductibles and non-covered services must be paid in full at the time of service.
3. A schedule of fees for our services is available at the reception desk. Our office will submit claims to your insurance company as a service to you. It is important that you know what your insurance plan covers. Services not covered by your insurance are your responsibility.
4. If your insurance company requires laboratory specimens be sent to a specific lab, it is your responsibility to know the participating lab. Please make us aware of plan requirements.
5. If your insurance is a managed care plan please review your coverage. If you require services that require a referral - adequate planning is essential. Do not expect our office staff to obtain your referral forms – this is your responsibility. Failure to obtain necessary authorizations often lead to out of pocket expense. If you arrive for a scheduled appointment without a valid referral you will be required to pay for your visit at the time of service. We are happy to assist you in any way with your managed care plan however our experience with these plans has demonstrated that planning and adequate lead time are essential. Your knowledge of your plan regulations and benefits as well as adequate planning will help avoid delays and denied claims.
6. In the case of estranged or divorced parents, the parent accompanying the child to the visit is responsible to pay for services rendered – regardless of coverage arrangements. We will gladly furnish you with necessary statements for reimbursement.
7. Your doctor is here to manage your medical care. Physicians are not experts on insurance and cannot be aware of all financial arrangements. Please discuss insurance problems and financial arrangements with the business office staff.
8. If you are experiencing financial difficulties please discuss this with the business office staff. We will gladly work with you to make payment arrangements. Accounts over 90 days past due may be referred to a collection agency.

I have read the above Acknowledgements and Agreements and fully understand the same.

Patient's Name (print) _____ Name of Guardian _____

Signature of Patient or Guardian _____ Date _____

Relationship to Patient _____ Witness _____ Date _____