

ALLERGY AND ASTHMA CENTER OF HILTON HEAD  
60 Main Street, Suite D  
Hilton Head Island, SC 29926  
Phone: 843-689-6442 Fax: 888-397-1781

**All co-pays, deductibles and non-covered fees are collected the day of your visit.**

Our office will file the claim with your insurance company. It is your responsibility to provide us with the necessary authorization/referral if your plan requires one.

**Please do not ask us to provide a discount or adjust your co-pay, co-insurance or deductible for our services.**  
**Our contracts REQUIRE us to collect these fees from you.**

Attorney Alan Wilson states that billing "Insurance Only" and non-collection of patient's "responsible fees" is considered filing a false claim once the claim has been filed with the insurance company. State law Chapter 55, Section 38-55-170 list the penalties, including fines and possible incarceration, that a physician could face for filing a "false claim".

**If you are unable to provide us with your responsible portion today, please ask to speak with either the Practice or Accounts Manager prior to being seen.**

There will be a **\$35.00** fee for returned checks.

Patient Name (Printed): \_\_\_\_\_

Patient/Parent/Guardian Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_