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Providing Allergy/Asthma/Immunology care for the entire family

NEW PATIENT BILLING POLICY

For New Patients who will have out of pocket expenses above and beyond their copay, we do require a credit card to be kept on file. All claims will be submitted to the insurance company, and once write-offs are taken, you will be sent an invoice for your patient responsibility. Please note that we will charge the credit card listed below if invoices are not paid within 60 days, or if payment arrangements have not been made. Thank you.

Date: _____

Patient's Name: _____

Responsible Party: _____

Name on Credit Card: _____

Card Number: _____ *Type of Card:* _____

Expiration: _____ *CVV #:* _____ *(4 Digits for AMEX)*

Would you be interested in a payment plan? _____ *Yes* _____ *No*

_____ *Three Month Plan*

_____ *Six Month Plan*

_____ *Other* *Amount: \$* _____ *Frequency:* _____

Signature of Credit Card Holder/Responsible Party

This sheet should be returned to Patricia Skorpinski, Practice Manager, to ensure PCI Compliance and Security.