

**ALOHA ALLERGY & IMMUNOLOGY, LLC
OFFICE HOURS AND INFORMATION**

Phone: (808) 521-2712 OR (808) 521-9412 / Fax: (808) 537-5823

Website: www.alohaallergy.com

Email Address: alohaallergy@gmail.com

Normal Business Hours: 7:00am – 12:00pm / 1:00pm – 4:00pm

Dr. Marina Ostroukhova · Dr. Aparna Shah · Dr. Akila Sreedharan · Dayna Lucuab-Fegurgur, MD

Please ask staff for specific hours for each doctor as their schedule varies

OUR SERVICES: Allergy Consultations, Environmental and Food Allergy Testing, Asthma care, Evaluation of Lung Function, Drug Allergy: Testing & Drug Challenges/ Desensitization, Immunotherapy, Chemical Testing, Immunizations: (please ask staff for more information for immunizations)

WE DO NOT ACCEPT WORKMAN'S COMPENSATION CASES.

EMERGENCY: If the office is closed, please go to the nearest Emergency Room or Dial 911. The physician(s) there will administer necessary care.

APPOINTMENT/LATE APPOINTMENTS/CANCELLATIONS/NO SHOWS: Call during office hours to schedule appointments. Our schedule varies and may take up to 2 weeks due to the high volume of patients. Please check for availability.

LATE APPOINTMENTS: NOT ACCEPTABLE. Our practice is very busy and we work according to our schedule each day. If you are late, please note that **we have a grace period of 15 minutes after your appointment time. AFTER 15 MINUTES, your appointment is subject to reschedule.**

CANCELLATIONS: If you need to cancel your appointment, **please give us 24-hour notice** so we can schedule another patient in your place. **NO SHOWS:** May be charged \$25.00 into your account. Please be sure to call to reschedule or cancel. Please leave a message if we do not answer.

PHONE CALLS/ MESSAGES: Phone calls are answered in the order promptly. If we do not answer while assisting other patients; please leave a detailed message with your **First name, Last name, and Phone number to be reached.** We will call you back as soon as possible. If calls are made after normal business hours, please leave as mentioned above and we will call you back the next normal business day.

MEDICATION PRESCRIPTION REFILL: Please allow 48-hours for prescription refills. Please remember to allow **TWO** business days for us to process your refill request. **(DO NOT WAIT LAST MINUTE).**

ORGANIZATION OF DOCTORS' PRACTICES: Dr. Ostroukhova, Dr. Shah, and Dr. Akila maintain individual practices; however, if your personal physician is not available, the other doctor will be glad to assist you with your problem. Please follow-up with your personal physician on your next visit.

PAYMENTS:

**If you have any billing questions, please contact our billing office at:
(808) 677-7727.**

You are responsible for the entire allowable cost of our services to you. In compliance with the false Claims Act, we are responsible to collect Co-payments, deductibles, and non-covered services from federally and privately insured patients. **Co-payments are due at the time of service.**

HMO Insurance plans require that we collect your Co-payment at the time of service.

For other insurance plans, payments may be paid at the time of service or you will be billed on the 1st day of each month. Prompt payment will be appreciated. You may pay cash, debit, check (payable to: **Aloha Allergy and Immunology, LLC**), or credit card (Visa, Master card).

If you have no insurance, please pay at the time of service before you leave our office.

Your insurance contract is between you and your insurance company, not us and your insurance company. You must be responsible to provide us with the necessary information to file at the time of service so we will be paid for your services. Our billing office will file your insurance claims, but we cannot be responsible for following up on disputed claims. These disputes must be resolved between you and your carrier.

Patients are responsible to get their referrals to our office. It is your responsibility to keep track of when your referral ends and you need to obtain a current referral.

MEDICAL INSURANCE: We are participating members of HMSA, Queen's Health care Plan, UHA, Aloha Care, Champus, Medicare, Quest HMAA, and others (please inquire).

A LATE CHARGE OF 1% PER MONTH WILL BE CHARGED TO YOUR ACCOUNT THAT IS UNPAID OVER 60 DAYS. A CHARGE OF \$15.00 WILL BE MADE FOR CHECKS RETURNED. IF A BILL IS NOT PAID IN FULL WITHIN 90 DAYS, THE BILL WILL BE SENT TO COLLECTION AND THE PATIENT WILL BE RESPONSIBLE FOR PAYING ALL LEGAL FEES AND OTHER COSTS INCURRED TO COLLECT THE PATIENTS BILL.