

## Patient Payment Policy

Thank you for choosing our practice! We are committed to providing you with quality and affordable health care. Some of our patients have had questions regarding patient and insurance responsibility for services rendered; we have developed this financial policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

**Insurance.** We participate in most insurance plans. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility.

**Claims Submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; We are NOT a party to that contract.

**Referrals.** If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled. If you choose to keep the scheduled appointment without a referral, you will be responsible for full charges to be paid that day and to also sign a waiver.

**Co-payments and Deductible.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

**Non-covered Services.** Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

**Proof of Insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**Coverage Changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**Methods of Payments.** We accept payment by cash, check, VISA, Mastercard, American Express, Care Credit and Discover.

**Patient Statements.** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

**Nonpayment.** If your account is past due, you will receive a letter from us stating you have 10 days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. If this is to occur, you will not be able to be seen in the office until your balance is paid in full and all charges for future visits will be collected upfront. Until the balance is paid in full, our physicians will only be able to treat you on an emergency basis for a previously treated injury or problem.

**Returned Checks.** There is a fee of \$35 for any checks returned by the bank.

**Divorce:** In case of divorce or separation, the party responsible for the account is the parent authorizing treatment for a child. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Worker's Compensation.** We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

**Personal Injury.** If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

**Missed Appointments.** Our policy is twenty four hours notice on an appointment change. We understand emergencies arise. If an emergency keeps you from keeping your appointment, please contact us as soon as you know you will not be able to keep the scheduled appointment. Please help us to serve you better by keeping your regularly scheduled appointments. There is a \$20 fee for no-show appointments.

**Medical Records Copies.** You will need to request in writing, and pay a reasonable copying fee. Currently \$0.25 per page up to \$35.00. There also may be a \$20 added charge if the chart must be retrieved from storage.

*Our practice is committed to provide the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have questions or concerns.*

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*Signature of Patient/Parent/Legal Guardian*

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*Date*

**EAR, NOSE, THROAT  
& ALLERGY SPECIALISTS  
FACIAL PLASTIC SURGERY**

# Office Policy

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In an effort to provide quality care to our patients, we feel it is important to make you aware of our office policies. Knowing this information can help avoid potential problems down the road and facilitate a positive relationship.

## ***Appointments***

Please call if you are running late, and we will let you know if we can see you or if it will be necessary to reschedule your appointment. If you are late for your appointment by 15 minutes or more, you will be asked to reschedule or to wait until the next available appointment.

If you are unable to make a scheduled appointment, you need to call and cancel no less than twenty-four hours prior to your appointment time. Missed appointment inconvenience other patients and our staff, while decreasing the efficiency and increasing cost in our practice.

## ***Insurance Coverage and Your Responsibilities***

Because there are many insurance companies with multiple plans, it is your responsibility to verify what your insurance plan covers prior to scheduling an appointment. You are expected to pay in full **at the time of service** for any portion of the bill not covered by insurance (example; co-payment, deductible and non-covered services) as well as in office products/supplies. Payment can be made by check, cash or credit card.

Failure to provide us with insurance information will require us to designate you as a self-pay patient. If you fail to provide the appropriate insurance information within your insurance plan's timely filling limit, you will be responsible for the entire bill.

## ***No-Show Policy***

A missed appointment, or "no-show," occurs when a patient fails to give notice that the appointment cannot be kept. A missed appointment will result in a no show fee of \$20.00 that is not covered by insurance.

# Surgery Policy

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When the physician recommends surgery, his Surgery Coordinator-Jenny- will be in contact with you. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

The Surgery Coordinator may request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. The Surgery Coordinator will explain a cost estimate, which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan.

# In Office Procedure Policy

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A \$50.00 deposit fee for any in office procedures will be required at the time when the appointment is being made. The deposit fee will be applied towards the charge for that day once the services are rendered.

Patients canceling their scheduled in office procedure less than 48 hours of the Appointment date and time or do not show for their appointment will be charged a \$50.00 administrative fee.