



Ear, Nose, Throat & Plastic Surgery Associates, P.C.

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to providing high quality care and payment of your bill is considered part of your treatment. The following is a list of guidelines that are necessary to make your visit as successful as possible.

We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.

If you have a change of address, telephone number, pharmacy, or PCP please notify the receptionist.

PATIENT RESPONSIBILITY:

We will collect your deductible, coinsurance, copay, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa, Master Card, Discover, CareCredit and debit cards.

INSURANCE:

It is not an easy task to interpret each individual insurance policy due to the many different insurance carriers that our patients have. Please remember that your insurance policy is between you and your insurance company and not between your insurance company and your doctor. Therefore, it is your responsibility to know your individual coverage. Please check with your insurance company prior to any procedure being performed.

We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

The balance on your account is your responsibility. Please keep in mind that some, and perhaps all, of the services provided may be non-covered services. Also be aware that some services may not be considered reasonable and/or medically necessary by Medicare or other medical insurance.

OUT OF NETWORK:

If we do not participate with your insurance company, you will be expected to make payment in full at the time service is rendered.

MEDICARE PATIENTS:

We are participating providers with Medicare and will bill Medicare for all your covered charges. If you have supplemental insurance we will also bill that for you.

SELF-PAY PATIENTS:

Patients with no insurance will be expected to pay in full at the time of service.

MINORS:

We do not participate with divorce decrees; whoever brings in a patient under the age of 18 is responsible for the balance. Patients under the age of 18 must be accompanied by an adult, preferably the parent(s) or guardian, in order to be seen.

NO SHOW or MISSED Appointments:

We understand there may be times when you are unable to keep an appointment, but we ask the courtesy of a phone call in advance to cancel. If you do not notify us, you may be charged a fee. If three appointments are missed, you will be dismissed from the practice for non-compliance.

PAPERWORK:

There is a \$15.00 charge to fill out your 1st sick leave/disability paper and \$5.00 for each form thereafter. This must be paid when you drop off your paperwork. Please be sure to fill out your portion and indicate whether the form(s) should be faxed or mailed.

COLLECTIONS:

If your account becomes delinquent from non-payment, we will turn it over to a collection agency with a fee (30% of balance) that you will be responsible for. At that time, you will be dismissed from the practice for non-compliance.

RETURNED CHECK FEES:

There is a \$15.00 service charge on all bounced (NSF) checks that will be your responsibility to pay in addition to the original charges the check was for.

ASSIGNMENT OF BENEFITS AND RELEASE OF RECORDS:

You do hereby assign to us, the medical benefits to which you, or your dependents, are entitled. You also authorize us to furnish to your insurance company all of your patient information, including but not limited to, any and all medical records, notes, test results, x-ray reports, MRI reports or other documents related to your treatment (including itemization of any charges and payments on your account) that is deemed necessary to process this claim. You also authorize us to release any and all patient information and medical records, necessary to collect this debt. Similarly, you authorize us to contact your insurance company, lawyer, or anyone else directly affiliated with your claim in order to collect this debt.