

THE EAR, NOSE AND THROAT CLINIC & HEARING CENTER

FINANCIAL POLICY

We are pleased to have you as our patient, and we are committed to providing you with our best professional care. Your understanding of our Financial Policy is important to our relationship. Please ask us if you have any questions.

INSURANCE

Due to all the various insurance plans now in effect, we require that you check with your insurance carrier(s) regarding our participation in your specific network. There are instances when even though we are contracted with a carrier, the carrier has networks in which we do not participate. If our office does not participate in your network, you will be responsible for a large portion of or the entire bill. The carrier contact information is located on the back of your insurance card. It is your responsibility to update us with any new card that you receive from your carrier.

Some insurance plans require an authorization for services in our office. It is your responsibility to acquire the appropriate paperwork. If the visit is not authorized, you will be responsible for the cost of services.

We will send your insurance carrier(s) a claim for all services provided. You will be billed for any balance due after the carrier settles your claim.

All co-pays are required to be paid at the time of your visit.

Because our physicians are specialists, we do not provide preventive care in our office. Typically, visits and tests are diagnostic. Your insurance company may consider some diagnostic procedures provided in our office to be surgery and cover them differently when your claim is settled.

Workers' Compensation: We require the Insurance Company Name, Claim Number, Date of Injury, and Employer's Name and Address. We will submit your claim. **If the claim is denied by the carrier or if the claim is in litigation, you will personally be responsible for payment of the charges.**

CHILDREN

Often the person responsible for a child's doctor bills is unclear. In our office, the parent who brings the child in and requests treatment is the parent who is responsible for all fees incurred. Therefore, if you brought your child in today, we ask that you provide us with your home address and telephone number for billing purposes. All minors must be accompanied by a parent or guardian, or have written permission on hand from a parent or guardian before the child can be seen.

PAYMENT EXPECTATIONS

If you are not covered by insurance, you will be required to pay for your services on the date the service is received. All patients are required to pay co-payments prior to being seen. You will receive a statement from our office after your insurance has settled your claim if there is any balance due. Payments are expected within thirty days of receipt of the statement. Our office accepts cash, checks and VISA/MasterCard. There will be a \$25.00 charge for any returned check.

I have read and understand this policy.

Signature _____

Date _____