

## Patient Financial Policy

Thank you for choosing us as your ear, nose & throat physicians. Our goal is to provide you with the highest quality care possible. We find that communication with our patients regarding our financial policy assists us in providing the best service to you. We must emphasize that your health is our primary concern, regardless of your insurance. The following is a statement of our financial policy which we request that you read and sign prior to treatment. To avoid any misunderstandings, please contact us should you have any questions about our policies.

Your insurance policy is a contract between you and your insurance carrier. As a result, it is your responsibility to know your insurance plan requirements, to determine whether or not you have out of network benefits (if we are not a participating provider for your insurance plan) and to make sure that our office has all current demographic insurance information at each visit. Please bring your insurance card with you at the time of your appointment. As a courtesy, upon verification of coverage, we will file your insurance claim for you. If we are unable to verify your coverage or you are unable to provide us with your insurance information, full payment is due at the time of service. If you are not covered by insurance or we are out of network with your insurance carrier, you will be required to pay in full at the time services are rendered.

Insurance co-pays are due at the time of service and before you see the doctor. If you are unable to pay your co-pay, you may be asked to reschedule your appointment. Due to the fact that the physicians are specialists, higher co-pays may be indicated (consult your policy benefits for clarification). You are also responsible for any co-insurances, deductibles and/or non-covered services. If you are unsure whether a service is covered by your plan, please contact your insurance carrier to determine what your benefits will allow. Additionally, advanced payment may be required for major procedures, including surgery and some in-office procedures. We accept payment in the form of cash, check or credit card (Visa & MasterCard). There will be a \$25 fee for all returned checks.

Once insurance has processed the claim, patients will receive monthly statements asking to clear the balance of their account. If payment arrangements are necessary, it is your responsibility to contact our billing department to establish a reasonable plan. If you feel an error appears on the statement or if you any have questions or concerns, please contact our office.

As a courtesy, we attempt to contact every patient to remind him or her of the appointment time; however, it is the responsibility of the patient to arrive for their appointment on time. We understand that sometimes you may be running late to your appointment. Unfortunately, we have patients scheduled throughout the day and may not be able to see you if you arrive more than 15 minutes after your scheduled appointment time. We will try to accommodate you if time allows. Otherwise, we will need to reschedule to another date and time. We ask that you notify us within 24 hours in advance if you need to cancel or reschedule your appointment. We reserve the right to charge for missed appointments.

I understand and agree to this Financial Policy.

Please **PRINT** Patient's Name: \_\_\_\_\_

Patient or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_