

E.N.T HEALTH SERVICES, INC.

FINANCIAL POLICY

**PLEASE REVIEW AND KEEP.
SIGN AND TURN IN SIGNATURE PAGE.**

Welcome to E.N.T. Health Services, Inc. We are dedicated to providing you with the best possible care and service. We regard your understanding of our financial policies as an essential element of your care. This information was designed to provide our patients with a detailed explanation of our financial policies.

All patients are ultimately responsible for their own bill and a clear understanding of their insurance policy. Patients who have health care coverage are responsible for providing the office with complete and accurate information regarding their insurance. You are responsible for obtaining required referrals for your office visit. You are responsible for understanding your benefits, payment requirements, co-payments, deductibles and laboratory options.

Self-Pay patients- Patients without health coverage are expected to pay their bill in full at time of service. For your convenience, we accept Visa, MasterCard and American Express. There is a \$15.00 fee for checks returned for insufficient funds.

Insurance Coverage- Your insurance policy is a contract between you and your insurance company and you are responsible for the terms and conditions of your plan. It is your responsibility to verify that we are a network provider for your individual plan. Due to the vast number of insurance policies that E.N.T. Health Services, Inc. accepts, our staff is not responsible for informing you of which test and/or procedures are covered by your insurance company (e.g. hearing tests, allergy testing, lab work, etc.) or where these services can be performed. E.N.T. is not responsible for obtaining authorized referrals, that are required from your insurance company, before you are seen in our practice.

Co-Pays- Any co-payments required by your insurance company are due at the time of service. We are required by the insurance companies to collect co-pays at the time of the visit. We advise patients of this at the time the appointment is made and when confirming the appointment. We may need to reschedule your appointment if you do not have the co-pay at the time of your visit.

Notice of Balance on Account- In an effort to reduce the cost of mailing billing statements we will notify you of your balance due at time of service. This is only a notification of the balance on your account. It gives you the opportunity to pay on the account while you are in the office.

Medicare Policy- E.N.T. Health Services, Inc. accepts Medicare assignment which means that we agree to accept Medicare's allowance on services provided to you. You will still be responsible for your annual deductible, the co-payment, and any non-covered services specified by Medicare. If you carry a supplemental plan to Medicare, please be sure we have your policy information so that a claim can be filed for you.

Medicaid- All Medicaid patients must present a valid card prior to being seen. If the patient wishes to be seen without their validated card, they will be required to make payment in full, before services are rendered.

(Over)

Minor Patients-It is strongly recommended that the minor's responsible party accompany them in to the office. If this is not possible the adult accompanying the minor is responsible for seeing that our policies are met. The adult (parent, guardian) accompanying a minor is responsible for the co-payment before services are rendered.

Divorce situations- A divorce decree does not determine which party E.N.T. Health Services, Inc. will bill for medical services. Divorce decrees are only binding between the two parties that made the agreement. The parent or legal guardian that brings the child to the visit will be responsible for seeing that the services are paid for.

Missed Appointments-We understand that occasionally a patient may run into a situation where they can not make their appointment. We ask that you call to cancel your appointment at least 24 hours in advance, which allows us the ability to use that time for another patient. The first time a patient does not show up for an appointment, we will let you know with a courtesy letter. If there is a subsequent missed appointment, you may lose your ability to schedule additional appointments with us.

Past due accounts-If your account is past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you will be responsible for collection costs which are incurred. If your account is in collections we will need your balance paid in full in order to schedule a future visit.

Charges and Fees- Please be advised that charges for services provided are subject to change without notice.

Completion of forms- The Physicians are often asked to complete a variety of forms outside of their visit. Completing a form requires time from the Physician's day to review the chart and complete the forms accurately. Therefore, we do charge a nominal fee for this service. The fee can range from \$10.00-\$25.00 depending on the forms, which must be paid prior to the forms being filled out.

Medical Records Fee- We are willing to assist patients who require copies of their records. Due to the time and printing involved, we can offer one set of records at no charge. If additional copies of the record are requested there will be a fee of \$15.00 per request. (Fee is subject to change)

Patient Code: _____

ENT

Allergy

Patient Name (Print)

I understand and agree with the Policies stated on E.N.T. Health Services, Inc. Financial Policy

Signature of Patient or Responsible Party

Date

Relationship to patient: Self Mother Father Other: _____

7/5/07