# Ear, Nose Throat Physicians & Surgeons, PA

## Financial Policy Statement

Thank you for selecting the services of Ear, Nose, & Throat Physicians & Surgeons, P.A. for your medical needs. In an effort to make your contact with us as professional and pleasant as possible, and to continue to provide quality care at reasonable costs, we ask that you be aware of the following office policies:

1. Please call to cancel any appointment you are unable to keep. **We reserve the right to charge a $25.00 service fee if you do not notify us at least 24 hours in advance that you will not keep your appointment.**
2. Please plan to arrive 15 minutes prior to your appointment to update medication and medical history. In the event that your physician is delayed, we will make every effort to contact you should it be necessary or desirable to reschedule your appointment.
3. Please bring a photo ID as we are now required to view this to prevent identity theft.
4. Please bring your insurance card with you to the appointment so that we may photocopy it or scan it for our records. If you have an insurance plan that we participate with, and have the appropriate referral, we will require only your co-payment amount at check-in. Payments may be made in the form of cash, check, Visa, MasterCard.
5. If there is no proof of insurance, you will be required to make payment in the amount of $150.00 prior to seeing the provider. If the cost of the services is less than $150.00, you will be refunded the difference. If the cost is more than $150.00, you can make payments on the balance.
6. If you are an established patient with past due self pay balances, you will be required to make payment in full prior to seeing the provider.
7. If there are extenuating circumstances, payment plan arrangements can be made prior to your visit by contacting the business office at 669-0831 x29.
8. As a courtesy, we will submit claim forms to your insurance company if you have provided us with the correct billing information. **Please remember that if your plan requires referrals, it is your responsibility to organize this prior to your appointment with the specialist. If you do not have a referral, you must sign a waiver that you are responsible for the full fee if your insurance denies payment.**
9. If any payment is made by your insurance company to us in excess of the balance we will promptly refund you or the insurance company as appropriate.
10. Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately in addition to office visit charges. Some insurance carriers classify these procedures as "Surgery" and may apply the charges to a higher deductible or coinsurance amount depending on your insurance plan. The result may be an insurance payment for an office visit but not for the procedure due to deductible balance or coinsurance. In such cases, payment for the procedure will be due from the patient. Be assured that we are following accepted billing and coding guidelines and that procedures are performed in the best interest of patient care.

Should you have any questions regarding our policies, please feel free to inquire of your Physician or any staff member. Thank you for the opportunity to be of service.

**I have read and understood the financial policy explained above**.

_____ _____

Patient/Guarantor Signature Date

## Privacy Policy

A copy of the privacy policy is available at any front desk for your review and you are welcome to take it home with you at any visit. Or you may also download a copy from our website at www.ent-phys.com.

**I have been offered a copy of the privacy policy**.

_____ _____

Patient/Guarantor Signature Date