



## *Ear, Nose and Throat & Facial Plastic Surgery Center*

### **Financial Policies**

We are pleased that you have chosen to be our patient and we are committed to providing you quality care. Please review our financial policies below and let us know if there are questions; a copy will be provided upon request.

#### **Insurance/Referrals**

At each visit, patients are required to present their current insurance cards, photo ID, current policy holder information and a referral for their visit, if required by their insurance. It is the responsibility of the patient to make sure that the physician they are scheduled to see is a participating provider with their policy, and that the referral provided by the referring physician is completed and presented at the time of check-in. Failure to update insurance at each visit or provide referral information could lead to unpaid/denied claims that the patient will be held responsible for. Not all services are covered by insurance companies, even after verification of coverage and referrals being presented. The patient/guarantor accepts full responsibility for any balances unpaid by insurance.

#### **Co-pays**

It is required by the insurance companies we participate with to collect co-payments at the time of service; this is not optional. Patients are expected to pay their co-pay upon checking in to the office and completing/updating registration information. If the co-pay is not collected at the time of the visit, the patient is responsible for an additional \$25 processing fee incurred for having to bill the patient at a later date. We accept all forms of payment to include: Cash, check, money order, VISA, MC, Discover and AMEX.

#### **Deductibles**

It is the patient's responsibility to be aware of their deductible that needs to be met within their insurance plan. Prior to the patient's appointment, insurance verification will be completed which will indicate the remaining deductible on the patient's plan. We reserve the right to request payment for services that would fall within the remaining deductible to cover all costs of the procedure/scheduled surgery.

#### **Balance on Accounts**

Balances on accounts are to be paid at the time of receiving a statement in the mail. If you arrive for an appointment with an open patient balance on your account, we reserve the right to request payment in full at the time of your appointment. If you are unable to make payment in full, please inquire about arranging a payment plan with our billing department.

#### **Pre-Certifications/Pre-Authorizations**

Most insurance companies require pre-certifications/pre-authorizations for any type of testing, office procedures or surgeries which must occur prior to scheduling to ensure coverage of these items. If the

patient's insurance company denies authorization of the recommended test/procedure, our office will notify the patient promptly to discuss further options. Authorization may take up to a week to receive, depending upon the information requested by the insurance company while obtaining authorization.

### **Canceled/Rescheduled/No-Show Office Appointments**

Each patient scheduled to be seen will receive a confirmation call/text/email at least 48 hours prior to their appointment date and time. The patient is asked to follow the prompt or instructions within the message to confirm/cancel/reschedule that appointment. For any missed appointments or appointments rescheduled less than 24 hours prior to the scheduled time, there is a \$50 no-show/late cancellation fee that will be billed to the patient after verification of confirmation attempts has been made.

### **Surgeries**

If you are unable to keep a scheduled surgery appointment, please notify us at least seven (7) business days in advance. **If you fail to provide us with seven (7) business days' notice of cancellation or fail to keep your scheduled surgery, we reserve the right to charge you a \$350.00 fee.** If you have surgery in a hospital or an outpatient surgery center, you will receive a bill from us representing the surgeon's fee. Your surgery may require an assistant surgeon to be involved in your case and there may be a fee for that surgeon. In addition, you likely will receive separate bills for services rendered by the facility, anesthesiology, and possibly radiology and pathology. Please be sure that you understand your insurance coverage and benefits prior to undergoing surgery.

### **Form Completion/Letter Request Fees**

There will be a \$25 fee for completing forms (i.e., FMLA, Return to Work Forms, Disability, etc) or for requested letters from the physician. Payment is due at the time of completion and cannot be billed to insurance.

### **Returned Checks/NSF**

In the event of a returned check payment to the practice for NSF (non-sufficient funds) on a paper check or ACH (automatic draft) debit, the patient will be charged a returned check fee of \$35, for funds not being available, in addition to the unpaid balance. If there is more than one occurrence of a NSF payment, future check payments will not be accepted from the check writer.

### **Accounts in Collections/Past Due**

If multiple attempts to collect payment from you are unsuccessful, we reserve the right to turn the outstanding balance due over to a collections attorney. In addition to the principal balance you will also be responsible for the collections attorney's fees in the amount of 33 1/3% plus any back interest due and/or any court costs that may be incurred.

### **CONSENT**

The administrative staff and management welcome the opportunity to discuss any aspect of our financial policy. We appreciate your confidence in us and strive to provide quality healthcare. Your signature below indicates full understanding and consent to the above described policies. Additionally, I provide authorization to my insurance company to pay any applicable benefits directly to Ear, Nose and Throat and Facial Plastic Surgery Center.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

04/17