



FINANCIAL POLICY

Our objective is to provide you with the highest quality health care in the most cost-effective manner. However, the ability of our Practice to achieve this objective depends greatly on your understanding of our Financial Policy. If you have medical insurance, we will file insurance claims forms on your behalf. We do this as a courtesy to our patients and are anxious to help you receive the maximum allowable benefits from your insurer. Even though we will file insurance claims for you, we need your active participation in the insurance claims process.

MEDICARE PATIENTS:

As a participating provider of Medicare Part B (physician services), our Practice will only bill for your Medicare co-insurance, deductible and any services rendered but not covered by Medicare. All other services will be billed directly to Medicare.

NOTE: You will be informed of services not covered by Medicare prior to these services being rendered. Your signature upon the appropriate Medicare waiver form represents your authorization for the physician to perform these services and your acceptance of the financial responsibility for these services. *If you have Medicare Part A only, then the services that you receive from our Practice will not be covered by Medicare.*

COMMERCIAL INSURANCE PATIENTS:

Remember that your insurance contract is between you and your insurer. If your insurance company pays only part of your bill or rejects your claim, you are financially responsible for the balance and are to pay it upon receipt of your statement. If your claim remains unpaid by your carrier for more than 90 days from the date of service provided, the balance will become your responsibility.

NONPARTICIPATING PLAN PATIENTS:

As the insurance industry changes, our office must make choices about which plans to participate in. Your plan may be one that covers certain areas with “out of network” benefits. These are usually Preferred Provider Organizations (PPO), Point of Service (POS) or indemnity plans that cover percentages of our fees based on the contract with your carrier. In some instances, your carrier will send a check directly to you (the patient) or the account guarantor rather than the provider’s office. Due to this, we offer several options for you to ensure that your services are paid timely. 1) You may elect to pay your balance at or before the services are rendered and receive a 30% prompt-pay discount. 2) If you prefer that we bill your insurance carrier, the full charge will have 30 days to be satisfied, with no discount, either from the check you receive from the insurance carrier or your own funds. If your balance is not paid within 30 days of services being rendered, your account may incur additional collection fees to satisfy the account balance.

HMO/MANAGED CARE INSURANCE PATIENTS:

Many HMO/Managed Care plans require you to obtain a referral in order to see a specialist. It is your responsibility to obtain this referral if required. Unauthorized services will be the financial responsibility of the patient. Please have your referral forms and membership card available when you check in. You will be required to pay the co-pay for authorized services at the time of service. **A \$15 service fee will be assessed to your account if the co-pay is not received at the time of service.** We will make every attempt to collect for our services with your insurance company; however, if your claim remains unpaid over 90 days from the date of services were rendered, the payment will become your responsibility.

PATIENTS WITH NO INSURANCE:

Patients with no insurance are required to pay for their visits at the time of service. If special financial arrangements are deemed necessary, you will be given information regarding whom to contact at the time of your visit. It is imperative you follow those instructions immediately to satisfy your financial responsibility for services provided to you.

I agree to allow this health care provider to file an appeal on my behalf with my health plan for any services provided by Regional Otolaryngology Head & Neck Assoc., LLC DBA Advanced ENT & Allergy.

SIGNATURE: _____ DATE: _____