

**ENT HEAD & NECK SPECIALISTS, PC
FINANCIAL POLICY**

In order to maintain vital health care service for our patients, it is necessary that you understand our credit and collection policies so that we might continue this care.

Your insurance policy is an agreement between you and your insurance company. In contrast, an agreement on services is an agreement between you and your physician. When you have services performed, you become responsible for payment of the doctor's fees. Coverage for services and levels of payment by your insurance company depend on the terms of the contract between you and your insurance company. **You are responsible for any amounts not covered by your plan.**

Verification of Benefits: It is **your** responsibility to provide us with your current insurance coverage. It is also **your** responsibility to verify that this coverage is active at the time of your service in the office and/or hospital surgery. Please familiarize yourself with the limits of coverage of your insurance plan. If your insurance covers 80% of the charges, you are responsible for the remaining 20% of the charges.

Deductibles: This is the total amount of covered medical expenses that must be paid by the patient before the insurance company begins paying benefits. Examples of standard deductibles are \$100, \$250 or \$500 per person and/or family each calendar year. This is **your** responsibility to pay the deductible.

Co-Payment: This reflects a defined share of covered medical costs that the patient pays with the insurance carrier paying an amount based on the patient's policy. **Co-pays are due at check in prior to your appointment. If you do not have your co-payment, you may be asked to reschedule the appointment.**

Referrals: If your insurance plan requires a referral, **you** are responsible for contacting your primary doctor to obtain the appropriate referral for **all** office visits and/or surgery. **If you come to our office without a referral, you may be asked to reschedule the appointment. Surgery will not be scheduled without a valid referral.**

Reasonable and Customary: This is what your individual insurance carrier has established as their payment schedule for services. Each insurance carrier sets **their own** "reasonable and customary" fee schedule and this varies from one insurance carrier to another. Therefore, we are unable to determine what "reasonable and customary" is because there is not one set schedule that the insurance companies base their reimbursement on.

Past Due Balances and Collection Accounts: If you have a past due balance you will be required to make payment on this prior to being seen. It is our policy that when an account is referred to collection, to terminate any future medical care until the account is satisfied.

Should you have any questions regarding the above, please contact our office manager. We will always be willing to discuss your insurance and/or a payment plan best suited for all concerned.

The following methods of payment are acceptable: CASH, PERSONAL CHECK, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER.

Signature of Patient/Guardian

Date