

ENT HEAD & NECK SPECIALISTS, PC
985 Berkshire Boulevard, Suite 101
Wyomissing, PA 19610
(610) 374-5599

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FINANCIAL POLICY

In the interest of good practice, we believe that it is desirable to establish a financial policy for our patients. Our goal is to avoid any miscommunication or concerns regarding financial matters, so that we may focus our energies on serving the healthcare needs of our patients. Please ask our staff if you have any questions about this. We appreciate the opportunity to participate in your health care.

- Patients are responsible for payment of all medical treatment and services provided.
 - Insurance co-pays shall be collected before being seen for each office visit.
 - Insurance co-pays and deductibles for elective surgery shall be collected prior to surgery.
 - Patients are responsible for notifying our office if you have a pre-existing clause with your insurance (this usually applies to insurance effective dates of less than 12 to 18 months).

- Our office participates with and accepts assignment with many insurance carriers.
 - As a service to our patients, we will file insurance claims for all covered services.
 - As a participating provider in a network, we will accept the insurance company's allowable payment for covered services.
 - Patients are responsible for deductibles, co-payments, non-covered services, and out-of-network services. Payment for these shall be due at the time of the visit.
 - Many health plans require a referral to be seen in our office. If this applies to your plan, you are responsible for providing our office with the appropriate authorization or referral from your primary care physician prior to your appointment.
 - Patients will not be seen without a referral if required by their insurance carrier, and may be asked to reschedule.
 - Current primary and secondary insurance cards are needed at each visit; otherwise we will need payment in full at the time of your visit.
 - Patients must advise us of the need for pre-certification by their insurance for any services.
 - Insurance plans sometimes request the patient to complete a coordination of benefits questionnaire. If requested, please complete this form and return it to your carrier. Your insurance may deny your claim if not received, and you would be responsible for payment of services in full.

- A \$35 fee shall be charged for all returned checks.

- 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 our collection agency, we will terminate any future medical care until the account is satisfied.

- **Appointments must be cancelled 24 hours prior to scheduled appointments. A fee of \$35 will be charged for cancellations, changes or no shows.**

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. FINANCING IS ALSO AVAILABLE THROUGH CARE CREDIT.