

Center for Ear, Nose, Throat & Allergy P.C.

FINANCIAL POLICY

Whether you are new to our practice or we have had the pleasure of serving you over the years, we would like you to be aware of our financial policy. ***Please read this information carefully—front and back sides.***

Registration. At each visit our receptionist will verify and update your demographic information and insurance coverage and may periodically ask you to complete a new registration form to insure our information is accurate. **Please bring your insurance card to each visit.**

Patient responsibility balances. You will be responsible for

- Services not covered by insurance
- Co-pays and balances remaining after your insurance company has paid, including deductibles and co-insurance (percentage that is your obligation)
- Balances that remain unpaid 60 days after they have been filed with your insurance company but we have received no payment or response

Payment in full is expected within 30 days from your first statement advising you of the balance due.

Insurance. We participate in Medicare, Medicaid, and most commercial insurance plans in the central Indiana area but cannot know the details of the coverage and benefits for your policy. Therefore, you will need to be familiar with your policy and know what is required to access medical care. You have to be aware of the following requirements:

- Network participation of providers
- Referral from your primary care physician authorizing your visit with our doctor, done either by a specific form or by a tracking number assigned to your visit. (If your insurance card has a physician's name on it, that physician must authorize your care by a specialist.)
- Co-pay that must be paid each visit
- Annual deductibles that apply
- Specific hospitals, x-ray facilities, and clinical laboratories that must be utilized for any services.

If you are unsure of what you need, contact your insurance representative or primary care physician before your visit. It is your responsibility to advise us of any insurance changes at time of service. Any billing errors resulting in non-payment of claims will be the responsibility of the patient or guarantor.

A further note about Referral Authorizations: If your insurance policy requires this referral, **it is your responsibility to make sure we have authorization prior to being seen by the doctor. Unless you have a medical emergency, if we do not have a referral authorization for your visit and you are unable to obtain one, the visit will be rescheduled.** While this may seem harsh, it is for your protection as much as ours, as some insurance plans will not pay for any tests or treatments that result from an unauthorized initial visit. If you have a second insurance company, please consider whether that insurance company may require prior referral authorization for the services; if so, and none has been obtained, they will deny payment and you will be responsible for the amounts they might have otherwise paid on your behalf.

Self-Pay and Services not covered by insurance. If you do not have insurance or we are not contracted with your insurance plan, you will be expected to pay at the time of service, or, in some instances, prior to service. Not all services are covered benefits by all insurance policies. Some insurance policies arbitrarily select certain services that will not be covered. Non-covered services will be the financial responsibility of the patient and/or guarantor.

*****PLEASE READ REVERSE SIDE ALSO-THANK YOU*****

Medical Care to Minors. If both parents have insurance, the insurance of the parent whose birthday falls first in the calendar year will be considered primary for the child, and the other parent's insurance will be secondary. When the parents are divorced, we will consider the parent/legal guardian who presents a child for care to be the responsible party for payment of services, regardless of financial responsibility established in a divorce decree. Further, care for a patient under 18 years of age must be authorized by a parent, legal guardian, or someone to whom you give written authorization to present the child for care.

Motor Vehicle Accidents. If your medical condition results from a motor vehicle accident, we will treat your account as any other, i.e., we will consider you—not your auto insurance—to be the responsible party for all fees. If you have health insurance, we will bill the health insurance and look to you for any unpaid balances. It will be up to your health insurance company to obtain reimbursement from either your automobile insurance or that of another party who is held responsible for the accident. If you have no health insurance, you will be considered a Self-Pay patient.

Payment methods. For your convenience, in addition to cash or personal check, we also accept VISA, MasterCard, American Express and Discover cards. Please be aware that checks returned for insufficient funds will result in a \$25.00 fee being added to your account

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