Welcome to E.N.T. & Allergy Health Services, Inc. We are dedicated to providing you with the best possible care and service. We regard your understanding of our financial policies as an essential element of your care. This information was designed to provide our patients with a detailed explanation of our financial policies.

**Insurance Coverage**: All patients are ultimately responsible for their own bill and a clear understanding of their insurance policy. Patients who have health care coverage are responsible for providing the office with complete and accurate information regarding their insurance. It is the patient’s responsibility, not E.N.T. & Allergy Health Services, to understand the terms of their insurance coverage. This includes but is not limited to: knowing what services are covered (hearing tests, allergy skin testing, etc.), where services can be performed (surgery, lab), that their provider is in network, if your employer has any specific guidelines regarding network providers (e.g., Accountable Care Organizations), their deductible, co-payment, co-insurance (if applicable), obtaining required referrals. I understand that I remain primarily liable for payment of all medical services which are not covered by my insurance.

**Self-Pay patients**: Patients without health coverage are expected to pay their bill in full at time of service. For your convenience, we accept Visa, MasterCard, Discover and American Express.

**Co-Pays**: Any co-payments required by your insurance company are due at the time of service. We are required by the insurance companies to collect co-pays at the time of the visit. We advise patients of this at the time the appointment is made and when confirming the appointment. We may need to reschedule your appointment if you do not have the co-pay at the time of your visit.

**Notice of Balance on Account**: In an effort to reduce the cost of mailing billing statements we will notify you of your balance due at time of service. This is only a notification of the balance on your account. It gives you the opportunity to pay on the account while you are in the office.

**Medicare Policy**: E.N.T. & Allergy Health Services, Inc. accepts Medicare assignment which means that we agree to accept Medicare’s allowance on services provided to you. You will still be responsible for your annual deductible, the co-payment, and any non-covered services specified by Medicare. If you carry a supplemental plan to Medicare, please be sure we have your policy information so that a claim can be filed for you.

**Medicaid**: All Medicaid patients must present a valid card prior to being seen. If the patient wishes to be seen without their validated card, they will be required to make payment in full, before services are rendered.

**Minor Patients**: It is strongly recommended that the minor’s responsible party accompany them in to the office. If this is not possible the adult accompanying the minor is responsible for seeing that our policies are met.

**Missed Appointments**: We understand that occasionally a patient may run into a situation where they can not make their appointment. We ask that you call to cancel your appointment at least 24 hours in advance, which allows us the ability to use that time for another patient. If there are subsequent missed appointments, you may lose your ability to schedule future appointments with us.

**Fees and Services Provided**: Charges for services provided are subject to change without notice. Each patient’s insurance coverage and financial situation is different. If a patient has a concern regarding what our charge for a service is, it is the patients responsibility to ask prior to the service being performed. Please be advised that in most cases there will be separate charges for each service provided. There will be a charge for the physician’s evaluation and then a charge for any other service performed. This may include but is not limited to hearing test, allergy skin testing, nasal/throat scopes, breathing tests, etc. Some services may be performed more than once, for example allergy skin testing is charged per scratch test. The number of skin tests performed can greatly affect the charge from a few dollars to hundreds of dollars. Hearing tests is another example, multiple different tests can be performed and there will be a charge for each test.

**Completion of forms**: The Physicians are often asked to complete a variety of forms outside of their visit. Completing a form requires time from the Physician’s day to review the chart and complete the forms accurately. Therefore, we do charge a nominal fee for this service. The fee can range from $10.00-$25.00 depending on the forms, which must be paid prior to the forms being filled out.

(Over)
Medical Records Fee- We are willing to assist patients who require copies of their records. Due to the time and printing involved, we can offer one set of records at no charge. If additional copies of the record are requested there will be a fee of $15.00 per request. (Fee is subject to change)

Pre-certification / Pre-determination- Authorizations from your insurance company to perform a service does not guarantee payment. It means that the insurance company finds the service medically necessary. The charges will be processed according to your policy. If your policy does not cover a specific service, it will be denied even with prior authorization.

Post-Operative Services- Some post operative services are considered part of the surgical procedure and therefore are not billed separately. This does not apply to every service or every surgical procedure. Some surgical procedures do not have a post operative period and as such all services after the procedure are billed separately.

Billing Questions- Any questions regarding billing must be directed to the billing department. Please do not ask other staff members (ex. front desk staff, nurses, physicians etc.) regarding the billing of your services. Information provided from sources outside the billing department is not applicable.

Child Custody- The parent or legal guardian that presents the minor for care and authorizes treatment will be the one who receives the bill for services provided and is responsible to see that the balance is paid.

Check Returned for Insufficient Funds- There is a $15.00 fee for checks returned for insufficient funds.

Referrals- If your insurance policy requires a referral, the patient is responsible to see that a referral is obtained and provide that referral to our office. If authorization is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

Nonparticipating Insurance Plans- If ENT & Allergy does not have an existing contract with your insurance plan you will be responsible for the full billed amount. We will not accept the plans UCR (Usual, Customary & Rates).

Balance Due- If the balance remains unpaid your account may be referred to a collection agency. You will be responsible for collection costs which are incurred. If your account is at a collection status we will need the balance paid in full prior to any future visit.

Separate Entities Separate Bills- If your service requires the services of other entities you will receive a bill from each provider of service separately. For example out patient surgery: you will receive a bill from our office for our physician performing the surgery. You will also receive a bill from the facility where the services were performed and from pathology and anesthesia if applicable. This also applies to services performed within our office for example a biopsy or fine needle aspiration. You will need to communicate with each individual company regarding their individual charges.

New or Established patient?- Per AMA coding guidelines a new patient is one who has not received any professional services form the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

Other Source of Payment- If your employer or some other entity is paying for your medical services, please be advised that should the employer or other entity not reimburse ENT & Allergy Health Services for the services rendered the patient, parent and or guardian are liable for payment.