ENT Specialists, Inc.

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# PATIENT FINANCIAL POLICY

Thank you for choosing ENT Specialists, Inc. for your ear, nose, and throat needs. We appreciate the opportunity to serve you and are committed to providing you with the highest quality care. As part of our service to you, we try to contain the ever-rising cost of health care. To do this, we have implemented the following Financial Policy. Your cooperation with our Financial Policy will allow for a prompt settlement of your charges. As a courtesy to you, we will file all medical claims with the primary and secondary insurance. However, you must provide us with current insurance information and notify us immediately when there are changes in this information.

- **Identification:** We require that all patients provide proper identification at the time of the visit. This protects our patients from someone else attempting to use their insurance or identity.

- **Insurance Referral:** An insurance referral is a specific authorization from your insurance company for you to see our physician. If your insurance requires a referral, it must be in place 24 hours prior to your appointment. If we cannot verify the referral 24 hours prior to your appointment, we will offer to reschedule your visit. Most insurance companies will not pay a visit to a specialist without a referral being in place in advance of the visit. It is the responsibility of the patient/parent/legal guardian to obtain required referral from the primary care physician and update the referral(s) as needed.

- **Co-payment:** If your insurance requires a co-payment for the visit, it is due at the time of the visit. If your co-payment is not paid at the time of your appointment, we will offer to reschedule your visit.

- **Method of payment:** We accept cash, checks and most major credit cards.
There is a $25.00 service charge for a returned check.
You may choose to have ENT Specialists, Inc. to securely maintain your credit/debit card information on file. With your consent, this information will be securely held to cover future charges and additional fees.

- **Insurance:** It is your responsibility to be aware of your insurance plan coverage, eligibility, deductibles, co-insurance, and benefits provisions. Any questions regarding your insurance coverage, eligibility, deductibles, co-insurance, and benefits (payment) should be communicated by you directly with your insurance company.
You must provide us with accurate and complete insurance information.
Should you fail to provide the information necessary to have your insurance claim properly adjudicated within the filing deadlines of your insurance company, you will be financially responsible for the services rendered by this office.

- **Medicare Patients**: We submit and accept assignments on all Medicare claims.

As a courtesy, we will submit claims to your secondary insurance.

- **MassHealth Patients**: All Medicaid patients must present a valid card prior to being seen. MassHealth patients must have a valid referral in place from the patient's PCP prior to being seen by our specialists.

- **Motor Vehicle Accident or Work-Related Injury**: If your visit is the result of either circumstance, then we must have all the accident insurance claim information as well as your health insurance information, before you can be seen.

** Work-related injury visits must be pre-approved before you can be seen.

- **Patients without insurance or not using insurance**: Patients without insurance or not using insurance for the visit are expected to pay their balance in full at time of service. Cash or credit card only.

- **Past due accounts:** Accounts must be paid within 30 days of receiving your itemized statement unless you are enrolled in a payment plan. If your account becomes more than 90 days past due, the outstanding balance must be paid in full before any future appointments can be made. If your balance remains unpaid 90 days after your insurance claim has been adjudicated and you are not enrolled in a payment plan, we may take appropriate collection actions as permitted by law.

- **Missed appointments:** We understand that occasionally a patient cannot make their scheduled appointment. We ask you to call to cancel your appointment at least 24 hours in advance, which allows us to schedule another patient. A missed appointment fee may be assessed for any patient that does not keep their appointment and does not call us before the appointment to cancel or reschedule their appointment. Repeated missed appointments may result in our refusal to make any future appointments and may need to dismissal from the practice.

- **Completion of forms**: We charge a fee for the service of completing forms. Completing forms require time for the physician to review your medical records and accurately complete the requested documentation. All fees must be paid prior to the forms being filled out.

- **Minors:** Patients who are 18 years of age or younger must be accompanied by a parent or court- appointed legal guardian for us to treat them. In divorce situations, the parent who brought the child in is responsible for the co-payment and any outstanding balances, unless you provide court documents stating which parent is financially responsible. We will submit claims to the appropriate insurance carriers.

- **Hospital surgery, in-office surgery, and in-office procedures:**

**Surger**y: co-payment, co-insurance, and deductible: All, or a portion, of the patient's out-of-pocket responsibility for surgery will be collected prior to surgery. We will provide you with an estimate of the cost related to your surgery prior to the date of the surgery.

**In-office procedures**: For the physician to evaluate and/or treat your condition, the physician may need to perform a procedure or use an instrument that your insurance classifies as a "surgical procedure." What you will pay out- of-pocket is determined by your insurance plan benefits and varies between insurance plans. High-deductible insurance plans are particularly impacted because they reduce monthly premiums by transferring patient expense to deductibles. Diagnostic procedures that may be classified in this way include fiberoptic laryngoscopy and endoscopy. Treatments that may be classified this way includes cerumen removal and drainage of infections.
Additional testing: For the physician to evaluate and/or treat your condition, the physician may need to arrange additional testing such as hearing testing, Videostroboscopy, balance testing, etc. Your insurance policy determines what benefits are covered for additional testing.

**Post-surgery visits**: Office visits after surgery that are related to that surgery and within the "global period" are included in the surgery charge with no additional charge or co-payment.

We appreciate you taking the time to read this information and will be happy to discuss any aspect of our financial policy. Our Billing and Administrative staff may be contacted at 781-769-3222