



Acct # _____

ENT MEDICAL CENTER'S POLICIES

Our physicians are committed to providing the highest quality medical care and to ensure our ability to do so, we have established the following policies. This information is provided to prevent misunderstandings concerning payment and professional services.

- **Insurance Card:** ENT Medical Center participates with a variety of insurance plans. It is your responsibility to bring your current insurance card to every visit to ensure we have the correct filing information. Eligibility for coverage by health insurance plans is not a guarantee of payment. If it is determined that you are not eligible for coverage, you will be required to pay in full for all services when rendered.
- **Payment Due at Time of Service:** You are required to pay any primary insurance co-payments, deductibles, and/or coinsurance at every appointment. We accept cash, checks, Visa, MasterCard and Discover.
- **Self-pay Patients:** You are required to pay in full for services rendered at the time of service. If you are unable to pay in full, you must make payment arrangements with a Patient Account staff member prior to your appointment.
- **Referrals:** You are responsible for obtaining any required referrals for treatment. If you do not have the necessary referral prior to your appointment, you will be responsible for payment at the time of service.
- **Non-participating Provider:** We will file your insurance claim as a courtesy; however, payment is due in full at the time of service.
- **Secondary Insurance:** We do file claims with secondary insurance plans, but you must pay co-pay/deductible.
- **Medicare:** We accept Medicare Assignment.
- **Medicaid:** Medicaid patients are required to see their primary care physician. If you have Medicaid we will be glad to refer you to Medicaid for a participating physician.
- **NSF Checks/Pre-or Post-Dated Checks:** Checks returned for insufficient funds (NSF) will incur a \$25.00 charge, and we will automatically redeposit the check. If the check is returned a second time, another \$25.00 service charge, plus the face of the check will be charged back to the patient's account, and will be due immediately in an alternate form of payment. If you need to pre or post date a check, please make that arrangement with our cashier prior to the appointment.
- **Collection for Non Payment:** You will be responsible for any and all costs involved in collection for non-payment. This includes collection agency fees, legal and/or court costs and billing fees.
- **Care of a Minor:** If the patient is a minor (17 years and younger), a parent/guardian must sign below. An unaccompanied minor is responsible for any payment due at the time of service, as well as presenting all required referral and insurance information.
- **No Show Fees:** For non-cancellation of surgery or specialized testing, there will be a \$75 (seventy-five dollar) no show fee. There is a \$25 (twenty-five dollar) re-scheduling fee if re-scheduled more than once.
- **Notice of Privacy Practices:** ENT Medical Center's Notice of Privacy Practices tells you how we will use and disclose the information we collect and keep about you. It also provides you with information about your rights as our patient. We are required to provide you a Notice of Privacy Practices. By signing below you acknowledge receipt of our Notice of Privacy Practices. You may receive a copy at any time in the future. This notice is also posted throughout our office.

Our Physicians and staff firmly believe that a positive relationship is based upon understanding and good communication. We believe that adherence to these policies will further promote this relationship.

Please sign that you have read, understand, and accept the terms of ENT Medical Center's Policies.

Signature _____
Signature of Patient or Patient's Legally Authorized Representative Date

Printed Name of Legally Authorized Representative (if applicable): _____

If representative, specify relationship to the individual:

Parent of minor Guardian Other _____