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## Financial Policy

### Please Initial:

\_\_\_\_\_ All current balances, co-payments, co-insurance and deductibles are **due and payable PRIOR to services** being rendered and is required by your insurance to be paid at each visit. We accept check, VISA, MasterCard, Discover, and American Express. Please be aware that all checks are run electronically at the time of service. We do not accept post-dated checks.

\_\_\_\_\_ **REFERRALS:** If you have Medicare, a HMO, or similar plan that requires a referral, you will need a referral from your primary care physician to see our specialists. If your insurance requires a referral that is generated through them, you must reach out to your primary care physician for them to call your insurance. Since we are the specialist, we cannot generate a referral for ourselves. **If we have not received this referral prior to your arrival at our office, your appointment will either be rescheduled or you will be responsible for the entire bill. It is your responsibility to know if a referral is required and to obtain one.**

\_\_\_\_\_ **INSURANCE BENEFITS:** Please be aware that when a patient requires a visit to a specialist, there are diagnostic procedures required for appropriate care that cannot be done by primary care physicians. These procedures may be done during the normal course of the exam by the specialist. Although necessary as part of routine exams, insurance companies often categorize these as surgical procedures. The possible procedures which often are performed in this practice during your visit include, **but are not limited to:**

Nasal Hemorrhage Control (Nose Bleed)

Nasal Endoscopy (scope that looks in your nose)

Laryngoscopy (scope that goes up the nose and looking down your throat)

Cerumen Removal (ear wax)

Foreign Body Removal

Hearing Test- Tympanometry

Hearing Test- Comprehensive

Hearing Test- Visual Reinforcement for pediatrics

Binocular Microscopy (looking in ears with microscope)

Nasopharyngoscopy with endoscope

**Depending on your insurance policy provisions, these procedures and others may fall under a separate benefit other than your office co-pay, such as a deductible or coinsurance.** In most cases, exact insurance benefits cannot be determined until the insurance company receives the claim. Therefore, any estimate for services will be considered an estimate only and any payment will be considered a partial-payment only until such time that the insurance company processes your claim. Your insurance company determines the final out of pocket balance, so you may receive a statement indicating additional balance due from what was originally estimated at your appointment. Your insurance is a contract between you and your insurance carrier; payment for services is ultimately your responsibility. It is extremely important for you to know your coverage. Many of the diagnostic and therapeutic procedures performed in our office (such as endoscopy, ear wax removal, and biopsies) are considered additional costs by your insurance company. Your physicians are not aware of what additional costs may be incurred and will not review that with you. As specialists, our physicians may recommend a diagnostic or therapeutic procedure not available to non-specialist physicians in order to provide you with the best possible treatment. If you have concerns regarding the cost of any procedure, you may ask your doctor if you can discuss the cost with our business staff **BEFORE** the procedure is performed to decide if you would like to have it done.

\_\_\_\_\_ **FORMS FEE:** Please allow 5-7 business days to complete all forms that require a physician signature and medical review (i.e., FMLA, Short-term disability (STD), other extended leave of absence, etc.) The physician must take the time to fill out the forms, there for each record requested, a \$35.00 Forms Fee will be assessed. Each time a correction needs to be made to a form, another Forms Fee will be charged to the account. There is no exception to this rule. Additional medical records request will also have a \$35.00 assigned fee.



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**NO SHOW/CANCELLATION FEES/MULTIPLE RESCHEDULES:** We are committed to making your appointments at the earliest convenience, likewise, we require a call if you are unable to keep the following appointment. As a specialist, there are certain appointment types that if cancelled less than a certain amount of days, we cannot fill that appointment slot due to the prerequisites required for that appointment:

- **Office Visit- \$50 – Less than 24 hours’ notice**
- The following appointments/bookings will be assessed a fee if cancelled or rescheduled **within 5 days.**
  - **In Office Procedures -\$350**
  - **Outpatient Surgery- \$350**
  - **Allergy Testing- \$150**

Multiple missed appointments may result in our request for you to find another specialist.

**RETURNED CHECK FEE:** There is a \$35.00 fee for checks returned for any reason and will be added to your original balance. In addition, we may seek all additional legal remedies provided to us under Texas law.

**COLLECTION AGENCY:** Please be aware that The ENT and Allergy Centers of Texas utilizes a collection agency for unpaid bills. If your account is transferred to collections, any and all fees assessed by the agency will be added to the balance on your account, to include, but not limited to, an additional percentage of your balance and attorney fees. Any patient sent to collections forfeits any future appointments unless the balance is paid in full but may be permanently dismissed from the practice.

**SURGERY DEPOSIT:** If surgery is recommended, you will be required to pay the surgeon’s fee 48hrs prior to the surgery date. The deductible and/or coinsurance will be applied to your account. Any quote received for surgery will be considered an **estimate only** and any payment will be considered a partial payment only until such time that the insurance company processes your claim. If you are having Nasal/Sinus surgery, these surgeries often carry a “no post op period”, therefor, those visits will likely go toward your deductible and/or co insurance, but you should be given an estimate by a surgery scheduler.

**PATIENT BALANCE POLICY:** After filing with the insurance company on file, we will mail you a patient statement. Payment in full is due upon receipt of this statement and is a courtesy from our office. If you have any questions or dispute the balance, it is your responsibility to contact our billing office within 30 days. Accounts past 30 days will be considered past due and will be subject to a 5% monthly late fee (minimum of \$5.00 per month) and may be referred to a collection agency. If you are unable to pay the balance due in full, you must contact our billing office to discuss a payment schedule or arrangements. Any late fees already incurred on past due balances will be included in any mutually agreed upon arrangements. In addition, if you’ve made any deposits for any appointment type, those funds will be used to settle your account for a zero balance. If a refund is due beyond that, a refund will be sent to the Guarantor on the account.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ (Parent/Guardian if minor)