PREMIER ENT ASSOCIATES
a registered DBA of ENT & Facial Plastic Surgical Associates, LLP
www.premierENT.com
Diplomates American Board of Otolaryngology

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FINANCIAL POLICY
Revised: 10/10/2017

This statement sets forth Premier ENT Associates policy as to the handling of patient responsibility balances. Cash, checks and credit/debit cards will be acceptable forms of payment.

Payment at time of service in office:

- **Copayment is due at the time of service.** The federal government agency that administers the Medicare program as well as individual insurers have determined that the *discounting or waiving of a patients co-pay or deductible is unlawful*.
- **For patients who carry insurance plans with a copayment of less than $50.00 AND out-of-pocket deductible that has not yet been met, up front payment of portion of this deductible not to exceed a total of $50.00 (*inclusive of copayment)* is due at the time of service.**
- **For self-pay patients (no insurance or insurance with whom Premier ENT does not participate), full payment according to self pay schedule is expected at the time of service unless other prior arrangements have been made.**

Other fees that may apply:

- A service charge of $15.00 will be added to copayments that are not paid on the date of service.
- Returned checks are subject to a $35.00 service charge.
- Patients required to obtain a referral who do not do so before receiving service are subject to the separate Premier ENT policy known as "No Referral – Patient Responsibility," which will be signed separately if applicable.

Cancellation Policy:

It is understood that we require 24 hour notice for cancellation of appointments. To help defray the costs incurred by Premier ENT in the event of a late cancellation or a 'no show', the following fee will be assessed: $35/office visit, $75/vestibular testing appointment, $75/allergy testing session.

Payment due at time of surgery:

For patients who carry insurance plans with an out-of-pocket deductible which applies to surgeries and that has not yet been met, up front partial payment of 50% of the estimated adjusted out-of-pocket patient responsibility allowable charges (i.e., the 50% of the portion to come from the deductible) is due 1 week before the surgery, unless other arrangements have been made. Remainder of patient responsibility out-of-pocket balance due at the time of receipt of billing statement after surgery, and will be handled as described in the next section.

Outstanding unpaid patient responsibility balances:

In the event of an outstanding balance that is not paid or adjusted by patient insurance company (i.e. due to reasons such as, but not limited to: lapses in coverage, unpaid premiums, patient failure to obtain any required referral, etc.), patient is personally responsible for all fees due.

All uncollected patient responsibility balances are due upon receipt of billing statement from Premier ENT. **All outstanding unpaid balances will be referred to a collection agency if payment is not made within 90 days from date or service**, unless patient has contacted Premier ENT's billing service Practicefirst, at **1-855-232-0606** and made other arrangements. Patients are responsible for any attorney fees or collections expenses incurred should their account become delinquent.

Patient overpayments (or other account credits) greater than $25.00 will be refunded to patients or insurers within 120 days of the recognized overpayment. All smaller overpayments will be credited to the patient's account and be applied toward future services. However, a patient may request a full refund for any credit balance on their account after the payment for services rendered has been fully processed by their insurance carrier and received by Premier ENT.

Obtaining Medical Records:

Premier ENT will charge $.75 per sheet for copying medical records.

Other:

Patients are responsible for providing Premier ENT the correct insurance information at the time services are rendered. This office will attempt to obtain payment from primary and secondary insurance carriers. Patients assign Premier ENT the right to receive sufficient monies from said insurance.

GUARANTOR NAME _____

SIGNATURE _____

DATE_____