

FINANCIAL POLICY

Thank you for choosing Wellendorf ENT for your Ear, Nose and Throat needs. We are dedicated to providing exceptional care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. As a courtesy to you, we will bill all medical claims with your primary and secondary insurance plans, based upon your authorization to release your plan's benefits to us. All claims are filed within standard HIPAA guidelines. Please review below and contact us if you have any additional questions.

Proof of Insurance: We ask that you bring your insurance card at the time of your visit. This is to ensure we have your most recent insurance information to accurately submit your claim.

Referrals & Authorizations: If your insurance requires a referral or an authorization, it must be in place prior to your appointment or you may be asked to reschedule your visit. It is ultimately the responsibility of the patient / parent / legal guardian to contact your primary care physician (PCP) to obtain a referral, if required. Please contact your insurance company if your plan requires prior authorization to be seen. If you are referred beyond Wellendorf ENT, it is also your responsibility to contact your insurance company to see if they contracted with your plan.

Co-Payment: If your insurance requires a co-payment, **it is due at the time of your visit.** You may be asked to reschedule your appointment if the co-payment cannot be collected at the time of service. Co-insurance and deductible payments will also be collected at the time of service, when known. We accept cash, checks and all major credit cards. There is a \$30.00 service charge for returned checks.

Insurance: Your insurance policy is a contract between you and your insurance company. Wellendorf ENT is not involved. It is your responsibility to be aware of your insurance plan coverage, eligibility, deductibles, co-insurance and benefits provisions.

In-Office Procedure: In order for the physician to evaluate and/or treat your condition, he/she may need to do a procedure or use an instrument that your insurance classifies as a "surgical procedure." Some of these types of diagnostic procedures, such as fiberoptic laryngoscopy and endoscopy, may be classified this way and could be applied to your deductible or co-insurance as an out-of-pocket expense to you, if applicable. This amount is determined by our insurance plan benefits and varies between plans.

Additional Testing: Please note if you require radiology (such as a CT scan), or audiology services (such as a diagnostic hearing test), this is also billed to your insurance company but may require additional co-payments, referrals and could be applied to your deductible or co-insurance as an out-of-pocket expense to you.

Surgical Procedure: If you require a surgical procedure (non-office procedure), please note you will receive separate billing statements from the hospital, surgeon(s) and the anesthesia department. Pre-payment will be required on all surgical procedures. Payment plan option is available at www.carecredit.com on all surgical and office procedures.

Post-Surgical Visits: Office visits after surgery that are related to that surgery and are within the "global period" (specific number of days after surgery) are included in the surgical charge and will not require an additional co-payment or referral. If your visit with us falls outside the global period, standard billing practices apply.

Delinquent Account: If your account is over 90 days past due, you will receive two letters approximately twenty days apart stating your account is past due. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, our healthcare providers will only be able to treat you on an emergency basis.

Missed Appointments: We understand that occasionally a patient cannot make a scheduled appointment. We ask that you call our scheduling line (888-339-4368) to cancel your appointment at least 24 hours in advance.

I have read the financial policy from Wellendorf ENT and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Patient or Responsible Party if a Minor

Date

Please Print Name of Patient

Date of Birth

INVITATION TO PATIENT PORTAL

We are required to ask everyone for an email address so you may access your patient portal.

If unable to provide this, please mark below.

Patient Name: _____

Email Address: _____

Unable to provide at this time _____

Signature: _____

PLEASE COMPLETE BOTH SIDES