

Financial Policy of Southwest Ohio ENT Specialists, Inc.

The physicians and staff of Southwest Ohio ENT Specialists, Inc. are committed to providing you with the best possible medical care. To achieve these goals, we need your assistance and your understanding of our financial policy. It is your responsibility to provide current, active insurance information and to notify us of any information changes (ID name, address, telephone number, insurance information, etc.).

We accept cash, checks, Master Card, Visa, Discover and American Express. To help facilitate reimbursement we will file your primary and secondary claims on your behalf.

Insurance: We participate in most insurance plans, including Medicare. Proof of insurance and a copy of a valid driver's license, or state issued ID is required for verification purposes.

If you are not insured by a plan that our providers are contracted with or do not have health coverage, then payment is expected at the time of service. It is your responsibility to provide healthcare coverage information that can be verified as active. Knowing your benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Copayments are due at the time of service. Some companies assign an additional copay for procedures or tests, and you may receive a bill after your appointment, if so. Please check with them for information on your policy requirements. There is a fee of \$25.00 for a returned check and any patient balance over 90 days may be referred for collection.

Cancelled appointments: we require a 24-hour advance notice for a cancelled appointment and failure to notify our office may result in no show charges being added to your account.

Claims submissions: Your insurance company may require you to contact them on an annual or bi-annual basis to update your personal information and will hold your claims payment. If you do not comply with their request the balance will be patient responsibility.

Nonpayment: Payment in full is due and expected upon receipt of your patient statement. If you have not paid your balance or contacted our office to make a payment plan, your account will be referred to collection and considered inactive until your balance is paid in full.

Referral: If your insurance policy requires a referral or authorization for a specialist, it is your responsibility to notify your PCP and verify that the referral or authorization has been issued PRIOR to your appointment.

Assignment of benefits:

I hereby assign all medical benefits to which I am entitled and authorize my insurance company to issue payment directly to Southwest Ohio ENT Specialists, Inc for medical services rendered for myself or my dependents. I have read and understand the policies of this practice.

Print name of patient

Signature of patient or responsible party (if other than the patient)

Relationship of responsible party to the patient