

*******INSURANCE/PAYMENT POLICY*******

Thank you for choosing Carolina Ear, Nose and Throat as your ENT provider. We are committed to providing you with quality and affordable health care. BELOW is our payment policy developed and written to answer questions regarding patient and insurance responsibility for services rendered. Please read it and ask any questions you may have. A copy will be provided to you upon request.

>>> INSURANCE: We participate in most insurance plans , including Medicare. If you are not insured by a plan we are contracted with, payment in full, is expected at each visit. If you are insured by a plan we do business with but do not have an up- to- date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance is your responsibility. Please contact your insurance with any questions you may have regarding your coverage.

>>>CO-PAYMENTS AND DEDUCTIBLES: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-pay at each visit. You are also expected to pay in full any balance you have remaining after the insurance has paid its portion. You will receive a statement of your account with the amount you are responsible for. If you are unable to pay in full with cash, check or credit card, you will be asked to set up a payment plan for a scheduled monthly amount due every 28 days.

>>>PROOF OF INSURANCE: All patients must complete our patient information forms before seeing the physician. You must provide us with a valid driver's license and current insurance card at the time of service. If you fail to provide us with the correct insurance information you may be responsible for the balance of a claim.

>>>REFERRALS: If your insurance policy requires a referral from your primary care physician, it is your responsibility to request that referral from them prior to your appointment. If you do not have the referral in place prior to your appointment, you will be asked to reschedule or pay in full.

>>>CLAIMS SUBMISSION: As a courtesy, Carolina Ear, Nose and Throat will file insurance claims with contracted companies and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays on your claim. Your insurance benefit is a contract between you and your insurance company and we are not party to that contract.

>>>COVERAGE CHANGES: You are responsible for notifying our office of any change in insurance coverage whether the insurance company has changed or the patient has received a new card from the same insurance company. By failing to report a change in insurance to our office we cannot be responsible for the non-payment of the claim by the insurance company. If your insurance company does not pay your claim within a reasonable amount of time (usually 30 days) the balance will automatically be billed to you.

>>>NON- COVERED SERVICES: Please be aware that some services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers.

Your physician may determine that he/she needs to perform a diagnostic endoscopy to see inside your nose/throat to fully evaluate your symptoms. This type of in-office procedure is a separate charge that is NOT included with your office visit. Your insurance company will view this procedure as "surgery" and it will be listed as such on your EOB. All insurance plans are different and therefore we have no way to determine how your insurance company will process and pay this claim. Although you have the right to refuse this procedure, we cannot be held responsible for any treatment we did not administer or recommend due to your refusal.

>>>NONPAYMENT: If your account is over 90 days past due, with no response from either the patient or the guarantor, 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, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During the 30 day period, our physician will only be able to treat you on an emergency basis.