



Otolaryngology

Head & Neck / Farragut ENT Allergy

Patient Payment/Arbitration/Conduct Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

How May I Pay?

We accept payment by cash, check, VISA, Mastercard, American Express and Discover.

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

Which Plans Do You Contract With?

Most Major Medical Insurances accepted

We are required by law that you present a **current insurance** card and **photo i.d.** at the time of visit; it is your responsibility to inform us of any changes in your insurance coverage.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below. As a courtesy we will file insurance claims on your behalf but ultimately you are responsible for any bill incurred. If the account becomes delinquent and collection or legal action becomes necessary you will be assessed a 35% collection fee and or any legal fees.

Office Visits, Office Services and Surgery

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visits, x-ray, injection, and other charges at the time of office visit.	File an insurance claim as a courtesy to you.
HMO & PPO plans with which we have a contract	<p><u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the office visit.</p> <p><u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.</p>	File an insurance claim on your behalf.
HMO/or Plan with which we are <u>not</u> contracted.	Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance

If You Have...	You Are Responsible For...	Our Staff Will...
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility— deductible, copay, non-covered services—at the time of the visit.	company. File an insurance claim on your behalf.
Medicare	<p>If you have Regular Medicare, and have not met your yearly deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.</p>	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO/ Advantage Plan	All applicable copays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Worker's Compensation	<p><u>If we have verified the claim with your carrier</u> No payment is necessary at the time of the visit.</p> <p><u>If we are not able to verify your claim</u> Payment in full is requested at the time of the visit.</p>	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
Worker's Compensation (Out of State)	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
Occupational Injury	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

Surgery

If your physician recommends surgery, you will talk to his Surgery Coordinator. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it. Please note while our staff will attempt to pre-certify/prior authorize or pre-determine any requirements of your insurance it may become necessary for you to handle this process if we are unsuccessful in our attempts. If authorization is obtained please understand your insurance company still applies a disclaimer stating "authorization is not coverage of said procedure, coverage will be determined at the time the claim is received and is not a guarantee of payment".

Pre-surgical deposits maybe required dependent on your benefit levels, coverage and deductible amount.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

Non Covered Services or Fees

- \$20 copying of medical records other than continuation of care
- \$25 completion of patient initiated medical forms
- \$30 return check fee
- \$10 statement fee for failure to pay co-pay/balance at time of service
- \$10 statement fee for request to re-file appropriately filed claims after receipt of denial or failure to give correct insurance information
- \$25 failure to cancel office appointment without 24 hour notice
- \$45 failure to cancel ALLERGY Testing appointment without 48 hour notice
- \$50 failure to cancel SURGERY scheduled without 48 hour notice

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Otolaryngology Head & Neck/Farragut ENT Allergy. I authorize Otolaryngology Head & Neck/Farragut ENT Allergy to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim. In the event there is a question of standard of care in any procedure, diagnosis, or other service by OTOHNSA/Farragut ENT Allergy, or its employees, I agree to an arbitration process as the only recourse with expert witnesses certified or approved by the American Academy of Otolaryngology Head & Neck Assoc. or those agreeable to OTOHNSA/Farragut ENT Allergy. The practice reserves the right to discontinue care/treatment to the patient if the patient or parent/guardian is non-compliant, inappropriate or abusive with staff or is delinquent on their account.

Date

Signature

Printed Name