

CarePointe Ear, Nose, Throat & Sinus Center

Payment Policy

Thank you for choosing us at CarePointe Ear, Nose, Throat and Sinus Centers. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

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

2. 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-payment at each visit.

3. Cash Patients. Cash Patients must pay in full for office visits at the time of service. Please be advised that additional charges may incur if the doctor needs to perform a procedure or CT scan during your visit. Procedures include endoscopies, laryngoscopies, biopsies, removal of foreign bodies or earwax, control of a nosebleed or any other procedure needed to complete your treatment. If a procedure is required to complete your visit, please speak with the receptionist while checking out for payment options.

3. Non-covered services. Please be aware that occasionally some of the services you receive may be "noncovered" or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. Claims submission. We will submit your claims 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 your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Nonpayment. If your account is over 45 days past due, you may receive a letter stating that you have 30 to pay your bill in full or make payment arrangements with the billing department. 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 will be placed in our bad debt status and future appointments will need to be paid in full before your appointment.

8. Missed appointments. Our policy is to charge \$25.00 for missed appointments not canceled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.