

Foothills ENT Allergy & Hearing Center Financial Policy

Please read before signing

1. Payment is required at time of service for any copayments, co-insurance or deductible that may be due. If you are unable to make these payments you may be asked to reschedule your appointment to a later date. Self-pay patients are required to pay for their services prior to seeing a physician. For patients with insurance, any balance that may be outstanding will be required to be paid in full within 30 days of receiving your statement. We do not accept payment arrangements.
2. You will be required to pay any outstanding balances before you are seen by a physician at your office visit. If you are unable to pay at that time, we will reschedule your visit or procedure.
3. Sometimes the doctor will do an unscheduled procedure or endoscopy at the time of an office visit, and you will not know your patient balance beforehand. ***PLEASE INFORM THE DOCTOR IF YOU DON'T WANT THEM TO DO THE PROCEDURE WITHOUT YOUR KNOWING THE DEDUCTIBLE, COINSURANCE OR COPAY AMOUNT; THE PROCEDURE MAY NEED TO BE RESCHEDULED. ALLOWING THE PHYSICIAN TO PERFORM A PROCEDURE OR ENDOSCOPY IMPLIES THAT YOU UNDERSTAND THAT YOU MAY HAVE AN ADDITIONAL CHARGE.*** We will bill you subject to our collection policy below and your contract with your insurance company. If you overpay, we will refund your money within 30 days of our receiving the EOB from your insurance company. Please keep in mind that your insurance company may consider an endoscopy a surgery, that it may be applied to your deductible and is not a part of your office visit copay. This is a designation that your insurance company makes and is beyond our control.
4. For surgery, we will usually provide an estimate only of your deductibles, coinsurance and copay amounts. You will have to make such payments before your surgery or procedure. We will not know the exact amount until after filing with the insurance company. If there is any outstanding balance, we will ask that you pay at your next visit. If you do not have any future visits, we will bill you subject to our collection policy below. If you overpay, we will refund your money within 30 days of receiving the EOB from your insurance company. If you are scheduled for surgery at the hospital or surgery center, and you have a deductible, coinsurance or copay, we will collect those amounts up to the estimated only fee for the surgery. The hospital or surgery center may also require an up-front payment, subject to their financial policy, which is not related to ours. Any overpayment by you will be promptly refunded to you. We will refund any amounts owed to you by us within 30 days of our receiving the EOB from your insurance company.
5. **COLLECTION POLICY:** We will usually bill you for any outstanding amounts within 30 days of our receiving the EOB from your insurance company. You will have 30 days from the statement date to pay in full. We will send your bill in a timely manner, but it is your responsibility to be sure that you do not have an outstanding balance over 30 days. We accept cash, checks, Mastercard, Visa and CareCredit.

CareCredit works like a short-term credit card, but we pay the interest and fees instead of you. Applications for CareCredit are available at our office and at www.carecredit.com. WE NO LONGER CAN ACCEPT ANY PAYMENT PLANS. If your account isn't paid within 30 days of our statement date, we will refer the account to a collection agency with an additional collection fee of 25% (minimum) plus any additional collection costs, and you will be terminated from our practice.

I have read and understand the policy written above, agree to the terms and will take full responsibility for the account.

Patient/Responsible Party Signature: _____ Date: _____

(This policy takes the place of any prior policy you may have signed)