

Carolina ENT Patient Payment Policy

Thank you for choosing our practice! We believe that establishing a written financial policy is mutually beneficial for all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing healthcare services to our patients.

Office Services

- Payment is due at the time of check-in, including co-pays and residual balances. Copays not received within 24 hours of service will be subject to a \$15 administration fee.
- Account balances must be paid prior to receiving additional services, including prescription renewals.

Insurance Information

- We participate with most insurance plans. Insurance policies do not automatically cover all services. **It is your responsibility to check with your insurance company to determine covered benefits for your specific plan and to bring your insurance card with you.** If your insurance plan requires a referral or authorization number, it is your responsibility to make sure that referral is in place at the time services are rendered. Any services performed without a referral become the patient's responsibility.
- For your protection, we may ask to see your driver's license and insurance card at each visit to prevent medical fraud.

Financial Guidelines

- Any amount not covered by insurance is the patient's responsibility and due within 30 days of the time of service. Late payments can incur an additional \$10 per month billing fee.
- We will try to accommodate past due accounts on an individual basis. Accounts that are past due 60 days will be turned over to a collection agency and charged an administrative fee of \$100. This may also result in discharge from the practice.
- A service charge of \$35 will be added for returned checks.
- We offer a reasonable discount for our "self-pay" patients.
- If you have insurance coverage with which we do not have a contract or if you forget your insurance card, you will need to pay in full at the time services are rendered. We will then provide you with documentation to file your own claim for the visit.
- For medical services for minors, the individual who initiates services for the child will be responsible for payment. We do not bill another individual or estranged spouse for payment.

No Show Fees/Cancellations

- There is a \$15 No-Show fee for missed appointments and a \$25 fee for missed surgeries. You will be sent a bill for this amount and will be required to pay this balance before you can be seen in the office again. No fee will be charged if the appointment is cancelled with 24 hours notice so that we may accommodate other patients.

We appreciate the opportunity to participate in your family's healthcare. Please let us know if you have any questions regarding this policy.

I have read, understood, and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as all applicable co-pays and deductibles are my responsibility.

Printed Name

**Signature

Date