

ENT and VOICE CARE of ATLANTA FINANCIAL POLICY

As part of our commitment to offer superior medical services to you and your family, and to minimize misunderstandings regarding our fees and services, we would like to present our policy regarding payments.

Developments in the insurance industry have dramatically changed the delivery of quality healthcare by physicians. Insurance companies have initiated policies that make it imperative that we question you about your medical insurance coverage.

We are committed to providing each of our patients with a clear understanding of his/her financial obligations to us for our services. The creation of multiple plans, policies, HMO contracts, preferred providers, etc. has made it impossible for us to know the specific terms of individual contracts even when looking at a patient's insurance card. Almost every contract between the insurer (Employer group) and the insured (Patient) is different for almost every group, even when the insurance carriers are the same. To be covered by a certain carrier does not by itself define the extent of your coverage.

OUR ROLE

ENT and Voice Care of Atlanta will file all insurance claims for you. Our contract with your insurance plan requires that co pays are collected before you are seen by a physician; therefore, we will collect all copays, coinsurance amounts and deductibles at the time of service.

YOUR ROLE

We advise you to pay close attention to the benefits allowed by your insurance plan.

If you are a member of an HMO or Point-of-Service (POS) plan that requires a referral before being seen by a Specialist, then it is your responsibility to secure that referral from your primary care physician. Our contract with your insurance plan will not allow us to render treatment without a referral from your primary physician. If we do not have a referral from your primary physician, it may be necessary to reschedule your appointment until the referral is obtained. If you are aware that you need a referral and do not obtain one, then you will be responsible for the cost of treatment denied by your insurance plan for no referral.

If surgery is scheduled and the cost **is not** fully covered by your insurance plan, you will be responsible for paying your (patient) portion of the surgery cost in full at the time of your Pre Operative appointment.

YOUR INSURANCE PLAN

Some insurance carriers require that tests are performed at certain approved facilities.

Please carefully review your insurance policy for such requirements and inform our office if they exist. Please note that if you do not inform us of any special requirements in your insurance plan and we subsequently order services such as lab work, special testing, or hospitalization at a facility not covered by your plan, you will be billed directly for those charges by the facility providing the service to you.

Some services/ products are not covered by your insurance carrier. In such instances, you will be made aware of this and required to pay for these services/ products in full.

Ultimately, our agreement for professional services is with you, not your insurance carrier. You are financially responsible for the medical services that you receive. Payment to our office is neither contingent nor dependent upon your insurance company.

EXPLANATION of BENEFITS

After your appointment with us, your insurance carrier will send out a statement detailing your treatment and associated costs. If you have any questions regarding these charges, please contact your insurance company.

If there is an outstanding balance on your account, our office will send you a statement; **payment is due upon receipt** of the statement. If you do not pay your account balance, we reserve the right to reschedule subsequent appointments until your balance is paid in full.

SELF – PAY PATIENTS

A self-pay patient is one who has no insurance coverage and wishes to pay for services rendered. On the patient's first visit to our office, he/she is responsible for paying an initial fee of \$250.00 for the office visit and \$100.00 for any clinical procedures. Follow up visits are \$150.00 per office visit and clinical procedures (if necessary) are \$100.00. All payments are due in full prior to seeing the Physician.

ENT and Voice Care of Atlanta does not offer or accept payment plans. For your convenience, we accept cash, personal checks, money orders, **MasterCard, Visa, and Debit cards. Returned checks will be accessed a \$25.00 overdraft charge.**

If you have any questions regarding our financial policy or your insurance reimbursement, please feel free to contact our business office, at 770-939-7707.

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