



PLATTSBURGH
ENT

FINANCIAL ACKNOWLEDGMENT

Thank you for choosing Plattsburgh Otolaryngology–Head and Neck Surgery, PLLC (Plattsburgh ENT) as your healthcare provider. Our office strives to hold down the cost of patient care. It is essential that you understand **your financial responsibility** for your medical care, precisely what your insurance policy covers and does not cover.

Our office performs specific “in-office” procedures that your insurance might consider a surgical procedure and is not a part of the standard office visit. These procedures may be billed separately—in addition to office visit charges. **Please check your insurance benefits for coverage information. If you have questions regarding your insurance, please call the member services department listed on the back of your insurance card.**

We require patients to make a payment for all billed services at the of service. This includes all copays, coinsurance, and deductible amounts. We accept cash, checks, and most major credit cards for your convenience. We do not accept money orders.

Insurance: We are contracted with numerous insurance companies and will file your claim as a courtesy to you. Because every plan has different stipulations regarding payment for services, you must understand your benefits. If you do not inform us of any special requirements in your insurance contract, such as referrals or pre-authorization for treatment, and your insurance company does not cover these charges, we will bill you directly. This is also our policy in the event of claim refusals, such as medical necessity or pre-existing condition denials. You must provide your insurance card or proof of insurance during each visit. If you do not have insurance, cannot provide proof of insurance, or are on a plan in which we do not participate, full payment is required at the time of your visit.

Self-Pay Patients:

For patients without insurance, payment is due in full at the time of service.

Medicare Patients:

We are participating with Medicare. We will bill Medicare for you. Please note that Federal Law requires us to collect your yearly deductible and coinsurance amounts. If you have secondary insurance, we will bill your secondary insurance after Medicare pays.

Workers Compensation: You are responsible for assisting us in obtaining authorization from your case manager or adjuster for all office visits. We will bill your employer or worker’s compensation insurance plan. You are only responsible for payment if your claim is invalidated.

Outstanding Fees/Collections: Any outstanding balances from previous services will be collected before your next appointment. Non-payment will result in rescheduling your appointment. You will be notified of any outstanding balance on your account through phone calls and monthly statements in the mail. It is the responsibility of the patient to monitor balances and payments accordingly. However, after 3 months of non-payment, you may be sent to a 3rd party collection agency.

Medical Records and Itemized Statements: Medical records are the property of Plattsburgh Otolaryngology–Head and Neck Surgery, PLLC. You can request copies of your medical record in writing. We will provide copies of necessary medical records to other medical practitioners free of charge. Your first request for medical records is free of charge—any duplicate requests or attorney request will be fee. The rate is \$20 for records less than 40 pages and \$0.50 per page for records over 40 pages. We will provide your requested records within 7-10 business days of receiving your written request. *Attorney rates may differ.*

Disability/FMLA Forms: If you have disability, life insurance, or workers compensation forms you need completed, there is a \$25-50 charge. Payment is required before processing.

Returned Check: You also understand and agree to pay a \$50.00 returned check fee on all checks returned to us from our bank for non-sufficient funds, which will be charged to your patient account.

Financial Responsibility: You understand that charges not covered by your insurance company and any applicable co-payments and deductibles are your responsibility. All professional services rendered are charged to the patient and are due at the time of service unless other arrangements have been made in advance by either the patient or their healthcare insurance carrier. Necessary forms will be completed to file for insurance carrier payments.

Assignment of Benefits: I hereby assign all medical and surgical benefits, including significant medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private/commercial insurance, and any other health/medical plan, to issue payment check(s) directly to Plattsburgh Otolaryngology–Head and Neck Surgery, PLLC, (Plattsburgh ENT) affiliated companies, or authorized billing agent for medical services rendered to myself and/or my dependents. I understand that I am responsible for any amount not covered by insurance.

Payment Policy: All co-payments, coinsurance amounts, deductibles and/or other patient-due balances must be paid in full at the time of your visit. Failure to pay your account will result in your dismissal from the practice, and your account will be turned over to an outside collection agency for payment. You agree to make a payment, or payment arrangements, on any outstanding balance you may have accrued before being seen at every follow-up appointment with us.

I have read, understand, and agree with Plattsburgh Otolaryngology–Head and Neck Surgery, PLLC (Plattsburgh ENT) financial policy. By signing this acknowledgment, I agree to the above terms and conditions.

My signature below states that I have received the Plattsburgh Otolaryngology–Head and Neck Surgery, PLLC Financial Agreement.

Signature of Patient or Patient Representative

Date

Printed Name of Patient or Patient Representative

Relationship to Patient

Printed Name of Witness

Signature of Witness