



## **FINANCIAL POLICY**

Thank you for choosing our practice as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

We participate in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicaid. Our billing office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way they reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

Please bring your insurance card with you at the time of your appointment.

If you are insured by a plan we do business with but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage.

If a patient is a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

### **Co-pays**

All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.

Additionally, you may have coinsurance and/or deductible amounts required by your insurance carrier. Any outstanding balance on your account, after adjusting for all of your insurance's responsibilities, will be billed to you.

### **Non-Covered And Out Of Network Services, Deductibles and Co-insurances**

Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility. Many insurance plans have a deductible or coinsurance, meaning that the patient is responsible for some or all of their medical costs until they have

reached a certain threshold. In some instances, your ENT specialist may need to perform a diagnostic procedure in the office to further evaluate your condition, and these procedures may be subject to a deductible even if the office visit is covered. It is not possible for your physician to know the terms of your insurance plan at the time of your exam.

### **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.

### **For Our Patients Without Medical Insurance**

If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance.

### **Workers' Compensation and Automobile Accidents**

In the case of a workers' compensation injury or automobile accident, you must obtain the claim number, phone number, contact person, and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

### **Minors**

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

### **Payment Plan**

Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on your financial hardship, call (781) 444-4722 for assistance.

### **Delinquent Balances**

Patients with a delinquent balance are required to make payment in full for future services. A delinquent account is defined as a patient balance in excess of 90 days if the patient has not made any payments or sought assistance via financial hardship during this time. If such payment is not made, services may be refused. All patient responsible balances that remain delinquent after 90 days, with no response to our requests for payment, may be referred to a collection agency. Please be aware that if a balance remains unpaid, you and/or your immediate family members may be unable to schedule future appointments until your balance is paid.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.