

Glacier Ear, Nose & Throat Head and Neck Surgery, P.C.

Glacier Hearing Services

Financial Policy

Welcome, thank you for choosing our medical clinic!! We are committed to providing you with the highest quality of healthcare in a caring manner. Please understand that payment of your bill is part of this care, and we appreciate attention to our payment terms. If you have any questions, do not hesitate to ask a member of our staff. *Please read each section carefully and sign the back.*

Appointments

- 1) We value the time we have allotted for you to see our professionals. We do not double book appointments. If you are not able to keep an appointment, we would appreciate 24-hour notice. We reserve the right to charge a \$25 fee for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.
- 2) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

Insurance Plans

Please understand that professional services are rendered to a person, not an insurance company, hence, the insurance company is responsible to the patient and the patient is responsible to us. We cannot render services under the assumption that the charges will be paid by the insurance company. It is not the policy of this office to routinely write off balances that insurance companies do not pay or cover.

- 1) It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.
- 2) It is your responsibility to understand your benefit plan with regard to your benefits and payment of these benefits.
- 3) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.
- 4) While filing of insurance claims is a courtesy that we extend to our patients, **all charges not covered by your insurance company are your responsibility.**

Financial Responsibility – Payment is due at the time of service.

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) **Co-payments are due at the time of service.**
- 3) Self-pay patients are expected to pay the estimated charges for services at the time of the visit. Cash payments in full will be given a 10% discount. The charges at check-out time are an estimate and accurate charges will be billed at a later date.
- 4) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **10** business days of your receipt of your bill.
- 5) If previous arrangements have *not* been made with our finance office, any account balance outstanding longer than 28 days will be charged a **\$10 fee** for each 28-day cycle. Any balance outstanding longer than 90 days will be forwarded to a collection agency. In

addition to the amount owed, you will also be responsible for the fee charged by the collection agency for costs of collections.

- 6) For scheduled appointments, outstanding balances must be paid prior to your new visit, unless financial arrangements have been made beforehand.
- 7) Your office visit charge will be based on the time spent, complexity, visit comprehensiveness, and medical decision making. Any additional procedure(s) completed during your visit will be at an additional charge to the office visit charge.
- 8) Audiological services are billed separately from physician charges. Please note that the Audiologist is a separate provider and an additional co-pay may be required by your insurance company.
- 9) A \$30 fee, payable by cash or money order, will be due for any checks returned for insufficient funds.

Financial Hardship

- 1) We recognize that certain members of our community may be unable to pay the full cost of their medical care. Financial assistance applications are available by notifying your physician of your need. We offer extended payment arrangements as well as charitable discounts based on demonstrated need. Financial assistance requests and arrangements need to be made prior to your visit and proof of hardship will need to be provided. Any charitable discounts are not transferable with any other medical facility, lab or pharmacy.

Duplication of Records

- 1) A copy of your complete record is available but depending on the situation there may be a copying and/or postage fee. Please ask a member of the office staff for details of these charges.

I certify that I have read and understand the above information. I agree to be responsible for payment of all services rendered on my behalf or my dependents, including fees above those designated as “usual and customary” by my insurance carrier. I agree that in the event of a dispute over fees or the collection of fees, the prevailing party shall be entitled, in addition to such other relief as granted, to be reimbursed by the losing party for all costs and expenses incurred thereby, including but not limited to, reasonable attorney fees and costs.

Patient's Printed Name _____ **Date** _____

Person Signing Printed Name _____
(If different from patient)

Person Signing Signature _____

If requested, we will provide you with a copy of this document for your records.