



FINANCIAL POLICY

Thank you for choosing CENTURY EAR, NOSE AND THROAT for your healthcare needs. We are committed to providing you with affordable quality healthcare. The following is our financial and payment policy concerning scheduled and rendered professional services. If you require further information or assistance regarding this policy, please contact our **billing department** at **708-460-0007, Option 5**.

Your health insurance is a contract between you and your insurance company. It is the responsibility of the patient/guardian to understand the benefits of their plan and whether the physician is in-network. If our office participates in your plan, we will file the claim on your behalf. **You need to disclose all current and accurate insurance information**, primary and secondary if applicable, at the time of service. Most insurance companies have strict time filing restrictions, and you may be rendered ineligible and responsible for full payment if accurate insurance information is not provided.

Self-Pay: Full payment for the services rendered is required at the time of service.

Insurance Payments:

1. All copayments, deductibles, co-insurance, patient responsibility amounts, and past-due balances are required to be collected at the time of service. If we do not participate in your plan, you are required to pay in full at the time of service.
2. HMO insurances require a Primary Care Physician (PCP) written referral or insurance authorization for every visit in our office. If you do not present a valid referral, your appointment will be rescheduled. If you prefer to be seen without the referral, we will require full payment at the time of service.
3. Fees for any procedures, such as nasal endoscopy or laryngoscopy, ear cleaning, audiological testing, etc., are NOT included in the office exam and, depending on your insurance policy, may be applied to your deductible or coinsurance.
4. Our providers accept Medicare assignments. Medicare Part B has a calendar year deductible and a 20% coinsurance. Secondary insurance may or may not cover your Medicare annual deductible. The patient is responsible for this balance.
5. Once we receive payment from your insurance company, you will be billed for any outstanding balance your insurance assigns as your responsibility. This may include co-payments, deductibles, co-insurance, non-covered services, etc. A statement will be posted to your patient portal and mailed to your address on file. **If payment is not received within 30 days of the statement date, and there is no credit card on file, a late fee will be assessed.**
6. **Credit Card on File:** Century Ear, Nose and Throat requires patients to provide a Credit Card for the patient responsibility portion of the bill. You and Century Ear, Nose and Throat will receive an explanation of benefits (EOB) from your insurance company designating the amount paid and/or the patient responsibility amount. If payment is not made within 30 days of you receiving a statement, your credit card or debit card will be charged for the balance due, unless prior arrangements have been made.
 - o CENTURY EAR, NOSE AND THROAT will maintain your Visa, MasterCard, Discover, or American Express card on file to satisfy any patient responsibilities such as deductibles, co-insurance, or other balances at the time of the initial appointment. If you present a debit card, funds will be drawn directly from your bank account.
 - o Your credit card or debit card is encrypted and not visible to CENTURY EAR, NOSE AND THROAT. The information is
 - o stored in a high-level security system that goes well beyond HIPAA and Payment Card Industry (PCI) compliance.
7. Each patient is required to establish financial arrangements within 30 days of the statement date or pay the statement in full. Please call our billing department if you need to discuss a financial arrangement at 708-460-0007, Option 5.

Accounts that have an outstanding balance for over 90 days (3 monthly billing cycles) will be forwarded to an outside licensed collection agency. If your account is turned over to a collection agency, **you agree to pay an additional 30% of your balance to cover the collection agency fees imposed on the practice** and future services may not be provided to the patient until payment has been made.

All missed/no-show appointments are subject to a \$50.00 No Show Fee. After multiple missed appointments without cancellations, the patient will not be able to schedule any future appointments.

I have read and agree to the FINANCIAL POLICY outlined above. I authorize the release of medical information requested by my insurance carrier to facilitate payment for services rendered. I also authorize my insurance benefits to be paid directly to CENTURY EAR, NOSE, AND THROAT. I authorize CENTURY EAR, NOSE, AND THROAT to securely maintain my credit card or debit card account information and to charge my account in full for any outstanding balances 30 days after my insurance carrier has processed my claim if payment has not been received.

PATIENT'S NAME (Please Print)

PATIENT'S DATE OF BIRTH

Patient/Guardian Signature

Name on Credit Card

Billing Zip Code

Cardholder's Signature

Date