



Financial Policy Disclosure and Authorization

The representatives of Baptist ENT Specialists are committed to providing the best possible care, and will be pleased to discuss any questions regarding professional fees, financial policy, or patient payment responsibility.

Insurance Submission: If the patient is covered by Medicare, Tricare or any managed plans, Baptist ENT Specialists will file the insurance claim for any services provided.

Insurance Plan Restrictions: It is the responsibility of the patient to contact their insurance company regarding plan benefits and exclusions. Exclusions may include, but are not limited to, whether the physician the patient is scheduled to see is a provider covered under the insurance plan, whether certain tests are covered benefits, and if the plan requires a referral before seeing a specialist. Some plans have reduced benefits for restrictions, while others simply refuse to pay if a patient receives services outside of the chosen contract.

Secondary Insurance: Having more than one insurer does not necessarily mean that services are covered 100%. Secondary insurers have specific guidelines, stated in the contract between the patient and the insurance company, for what they will consider for payment in coordination with your primary insurance payment. Baptist ENT Specialists will bill your secondary carrier as a courtesy.

Payment Collections: Patients are responsible for any co-pay, co-insurance, deductible, or non-covered services at the time the services are rendered. If Baptist ENT Specialists does not participate or is not contracted with the insurance company, the patient will be responsible for the full payment at the time of the visit. Methods of payment include Cash, Check, American Express, Visa, Mastercard and Discover.

Returned Checks: A \$25.00 fee will apply for all returned checks, in addition to the amount originally owed. In the event of a returned check, the privilege to pay by check during future visits may be terminated.

Self-Pay Statement: All self-pay patients are expected to pay for services in full at the time that services are rendered. Outstanding Balances: In the event that an outstanding balance is not paid by the insurance company, a representative from Baptist ENT Specialists will notify the patient so that the insurance carrier may be contacted. Please remember that ultimately, payment responsibility rests with the patient. If an outstanding balance is not paid by the patient's insurance company within 90 days, the patient will be personally responsible for the payment of the charges due. Reimbursement can be pursued by contacting the insurance company directly.

Collections: Should it ever become necessary to use the services of a collection agency to collect to the patient's account, the patient will be responsible for any costs incurred for that purpose.

Address Change: Patients should advise the office personnel of any changes in insurance or mailing address.

Completion of Forms: Baptist ENT Specialists reserves the right to charge a nominal fee of \$25.00 for the completion of disability and/or Family Medical Leave forms.

I indicate that I have read, understand, and agree to these terms, and that I am the patient, the guarantor, the patient's legal representative, or legally authorized to sign this agreement and accept financial terms established by Baptist ENT Specialists. Therefore, I hereby authorize Baptist ENT Specialists to bill my insurance company directly for these services. I understand I am financially responsible for charges not covered by my insurance company.

Additionally, I authorize any holder of medical or other information about me to release to the Social Security Administration or intermediaries any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical benefits either to myself or to the party who accepts assignment.

Print Name

Signature

Date



Practice Policy Acknowledgment

All new patients will be asked to provide information prior to being seen by the physician. A copy of any type of picture identification may be requested to remain a permanent part of the patient's chart.

Policy Statement

Timeliness: The physicians of Baptist ENT Specialists know the patient's time is valuable and make every effort to keep on schedule. Patients must call when running late but traveling to the scheduled facility. Please note, however, that the appointment time will not be extended due to a later arrival and the patient may be asked to reschedule.

Cancellation/No-Show Policy: Appointment times are reserved especially for each individual patient. Patients must contact the office to cancel an appointment at least 24 hours prior to the scheduled appointment time. This allows the physicians to offer that time to another patient. If the patient forgets or fails to show up for a scheduled appointment, there will be a \$35.00 fee charged to the patient's account. The same applies to appointments canceled with less than a 24-hour notice. Patients who schedule and fail to keep three appointments in the span of one year will be dismissed from the practice.

Worker's Compensation: Worker's Compensation patients will be seen only after the proper authorization and paperwork has been received.

Minors: Treatment will be denied for unaccompanied minors unless services have been pre-authorized by the parents (or guardians) and payment has been made before or at the time of service. The parents (or guardians) will be responsible for full payment unless covered by a participating managed plan.

I indicate that I have read, understand, and agree to these terms, and that I am the patient, the guarantor, the patient's legal representative, or legally authorized to sign this agreement and accept the Authorization and Acknowledgment terms established by Baptist ENT Specialists.

Print Name

Signature

Date

Office Procedure Coverage Acknowledgment

Procedure and Treatment Consent

Certain procedures performed in our office are not included under the standard office visit. These procedures will be billed separately in addition to the office visit charges and may be subjected to your deductible and co insurance as some insurance companies may list this diagnostic procedure as "surgery" on the explanation of benefits form received by the patient. These procedures can consist of hearing exams, ear cleanings, microscope exam, nasal or throat endoscopes, and other procedures.

The physicians of Baptist ENT Specialists only perform these procedures when deemed medically necessary to best diagnose and treat patients. Ultimately it is the patient's responsibility to know how their insurance benefits are applied.

I consent to examination, diagnosis and general medical care and treatment to be performed by office personnel, including physicians, nurses and assistants.

I authorize the physician to perform any indicated office-based procedure(s) to assist in my diagnosis. While listed as a surgical procedure by my insurer, I understand this is not actual surgery but a means to aid in my diagnosis.

I understand that if the physician performs a procedure, such as a nasal endoscopy or laryngoscopy with a fiber optic telescope, I may be responsible to pay more than just the standard office visit co-payment or co-insurance for this service. This payment may be in the form of a deductible or higher than normal co-payment.

Print Name

Signature

Date