

Gupta ENT Center
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Patient Financial Surgery Obligations

Our office will process all necessary third party insurance forms to collect for surgical services rendered by Anil K. Gupta, M.D. Where applicable it will be necessary that the patient or responsible party furnish this office with the appropriate forms prior to surgery. **It is also necessary prior to surgery that all outstanding charges which are the patient's responsibility be resolved.** The patient or responsible party will be liable for any deductible or co-pay that their insurance carrier sets forth. This is **due prior** to the surgery. **If your insurance policy has an out of pocket deductible requirement still to be met by you, you will be required to pay a portion of the surgery charges IN ADVANCE.** After the surgery any overpayment will be refunded once payment has been received by our office from your insurance carrier, if necessary.

It is understood that the ultimate financial responsibility for the service rests with the patient, or responsible party. The insurance contract is between the patient and the carrier and beyond processing the initial paperwork this office assumes no obligations for recovery of these monies.

I understand that there may be up to three (3) separate bills for any surgery performed by Dr. Anil K. Gupta. There are billing charges for Dr. Anil K. Gupta performing the surgery, the facilities charges and the Anesthesiologist charges. These are all separate entities. Our office is only responsible for the billing associated with Dr. Anil K. Gupta surgical charges. Any questions regarding the other charges/bills need to be directed at those entities, as we have no information or influence on how they handle their billing issues. _____(initial)

It is the patient or responsible party's responsibility to inquire of their insurance carrier as to whether or not a second opinion is necessary for the proposed surgery.

My signature below attests to the fact that I have read this and understand it's contents and that I accept full responsibility for the charges for services rendered in the event the insurance carrier fails to provide compensation.

Patient or
Legal Guardian _____

Date _____

Witness _____

