

PATIENT FINANCIAL POLICY

Thank you for choosing Dupage Children's ENT & Allergy. We are dedicated to providing exceptional care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. As a courtesy to you, we will file all medical claims with your insurance company, based upon your authorization to release information to your insurance company as well as authorize to release benefits to us. All claims are filed within standard HIPAA guidelines. Please review the information provided below and notify us if you have any additional questions.

Proof of Insurance: We ask that you bring you/your child's insurance card at the time of your visit. This is to insure we have your most recent insurance information to accurately submit your claim. You will be asked to update personal and insurance information every twelve months or as information changes. If you cannot furnish an insurance card at the time of the visit, you will be responsible for payment in full at the time of service. We will be happy to supply you with an accounting of the visit so that you may submit all necessary information to your insurance company for reimbursement.

Referrals: If your insurance requires a referral, it must be in place prior to the appointment, or you may be asked to reschedule the visit. It is your responsibility to understand your insurance company's referral, precertification and authorization requirements.

Copayment: If your insurance requires a copayment, it is due at the time of your visit. This cannot be billed. You may be asked to reschedule your appointment if the co-payment cannot be collected at the time of service. We accept cash, checks, and all major credit cards.

In Office Procedures: In order to evaluate and/or treat you/your child, we may need to do a procedure or use an instrument that your insurance classifies as a "surgical procedure". Diagnostic procedures such as fiber-optic laryngoscopy and nasal/sinus endoscopy may be classified this way and could be applied to your deductible or co-insurance as an out of pocket expense to you, if applicable. This amount is determined by your insurance plan benefits and varies between plans.

Surgical Procedures: If you/your child requires a surgical procedure (non-office procedure) please note you will receive separate billing statements from the hospital or surgery center, surgeon(s), pathologist if applicable, and the anesthesia department.

Post-Surgical Visits: Office visits after surgery that are related to that surgery and are within the "global period" (specific number of days after surgery) are included in the surgical charge and will not require an additional co-payment or referral. However, endoscopic procedures do not have a global period and surgical aftercare is not included in the surgical fees. If your visit with us follows an endoscopic procedure, is unrelated to your surgery, or falls outside the global period, standard billing practices apply.

Audiology Services: There may be an additional co-payment or deductible due for Audiology services as well as a separate referral. Audiology services performed during an office visit will be charged in addition to the office visit. Hearing aids and hearing aid services are often non-covered benefits and would therefore be out-of-pocket expenses.

Missed Appointments: We understand that circumstances may arise prohibiting you from keeping your appointment. If you find that you are unable to keep your appointment, we kindly request that you notify us at least 24 hours in advance, which allows other patients to be scheduled. We make every effort to provide a courtesy call and/or email as a reminder of a scheduled appointment, however it is the responsibility of the patient/parent/legal guardian to keep a record of all upcoming appointments. No-showed appointments may be charged a service fee of \$50.00. If you miss three appointments, we reserve the right to discharge your care to another healthcare facility.

Payment of Services: Your insurance policy is a contract between you and your insurance company. We must emphasize that as medical providers, our relationship is with you, not your insurance company. We will gladly submit fees for your covered medical services to your insurance company. However, we expect payment of all services within 60 days. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover. It is your responsibility to understand your coverage and benefits, including precertification and authorization requirements. If for any reason your insurance company does not pay your bill, all charges are ultimately your responsibility.

Dupage Children's ENT & Allergy offers a 30% discount to self-pay patients if paid at the time of service.

Returned checks will result in a \$35.00 fee that will be posted to your account. Returned checks, balances older than 60 days, and failure to pay account balances as promised may be subject to external collection and additional fees, including attorney and potentially court fees.

For all services rendered to minor patients, we look to the parent or guardian with legal custody (and who is accompanying the patient to the appointment) for payment. Minors less than 18 years of age must be accompanied by a parent or court appointed legal guardian in order for us to treat them.

I have read and understand the financial policy of the practice and agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Signature of patient or responsible party if minor

Date

Please Print name of patient