

Adult & Pediatric Ear, Nose and Throat
2889 S. 11th Street, Kalamazoo, Michigan 49009
(269) 343-1296
Kalamazooent.com

Practice Policies

Payment

Payment is required at the time of your visit. We accept cash, check, or credit/debit card. Payment will include any copay amounts, non-covered charges from your insurance company, and balances due on previous services. If you do not carry insurance or if we do not participate with your insurance, payment in full is required at the time of your visit.

Copays

Insurance carriers assess copays for each date of service. We are a specialty office, and our office visit copays are often higher than your primary care physician copay. **It is your responsibility to know what your copay amount is and to pay it at check-in.**

Payment Plans

Payment plans are available and must be arranged prior to the due date of your first statement.

Insurance

We participate and file claims with several insurance plans. Please remember that insurance is a contract between the patient and the insurance company; and ultimately, the patient is responsible for payment in full. If your condition is auto or work related, please notify us immediately and see the policies below.

Not all insurance plans cover all services. In the event that your insurance plan determines a service to be "non-covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. Medicare patients will be provided with an Advance Beneficiary Notice (ABN) when applicable according to Medicare guidelines.

Auto Insurance

We do not participate with auto insurance. If you believe your condition is auto-related, please contact our administrator prior to scheduling an appointment.

Workers' Compensation

To file workers' compensation claims, we must have the complete name, address, and telephone number for the insurance carrier; your claim number; and a letter of authorization from the insurance carrier stating the specific diagnosis and number of visits covered.

Billing Office

If you have questions regarding any of your billing statements, our accounts receivable staff is available to assist you. **Call (269) 375-6079.**

Hearing Aids

Our audiologists participate with Blue Cross Blue Shield, United Healthcare, Aetna, and many other major carriers. We verify benefits with your insurance company; however, this is not a guarantee of payment. Your insurance may require a medical clearance exam to be performed by a Medical Doctor, Doctor of Osteopathy, or otolaryngologist. This exam may or may not apply towards your hearing benefits. We estimate patient responsibility according to insurance benefits, and this amount must be paid in full upon delivery of the hearing aid(s). When the insurance claim is processed, you may be balanced-billed or refunded according to the actual payment amounts.

Surgeries

It is our goal to ensure our patients are educated about the costs associated with surgery. Not only will you receive a bill from us, but you will also be billed for hospital, anesthesiology, and associated laboratory and pathology charges. We recommend that you contact your insurance company prior to surgery to determine out-patient surgery benefits and prior authorization requirements. If your carrier requires prior authorization for out-patient procedures, please contact our surgery scheduler at (269) 343-1296 option 5. We will do our best to obtain prior authorizations for our patients whenever appropriate; however, it is ultimately our patient's responsibility to make sure that prior authorization is in place before surgery. We may be able to assist you with obtaining an estimate of your out-of-pocket expenses for our office. These estimates are not exact, actual payments will be different once the claim is processed, and estimates do not consider secondary coverage. They are only intended to provide you with an idea of what your responsibility may be. Payment in full is expected by the due date on your first statement. Payment plan terms must meet internal policy guidelines. Patients that have large deductibles and wish to make payment arrangements should contact our office manager prior to surgery.

Returned Checks

Checks returned for non-sufficient funds (NSF) will incur a \$25.00 service charge. You will be asked to bring cash, certified funds, or a money order to cover the amount of the check plus the \$25.00 service fee, payable prior to receiving services from our staff or the provider. All bad checks written to this office are subject to collection action.

Stop Payment of Checks

Stop payments constitute a breach of payment and are subject to the \$25.00 service fee and collection action.

Form Fees

Completing insurance forms and copying/printing medical records requires office staff time and time away from patient care for our providers. We require prepayment for completing forms such as disability, rent reduction requests, or Aflac-type forms; copying/printing medical records; or for extra written communication by the provider. The charge is determined by the complexity of the form, letter, or communication. Base form charges are \$15.00 per form and \$00.75 per page for records. These charges do not apply for forms needed for the proper processing of your insurance claims.

Cancellations or Missed Appointments

A fee of \$50.00 will be billed to all patients who miss or give less than 24-hour cancellation notice. The fee must be paid before a new appointment is scheduled. Patients who show up more than ten minutes late for an appointment may be seen or rescheduled at the discretion of the provider. Repeated no shows and/or late cancellations may result in a patient being discharged from Adult & Pediatric Ear, Nose and Throat.

Divorced/Separated/Unmarried Parents of Minor Patients

The parent accompanying a minor child into our practice on the day of service accepts responsibility for payment. This office does not promise to send bills or records to the other parent/guardian for issues of payment or communication. We will communicate about treatment and payment with the parent who accompanies the child. Parents are responsible between themselves to communicate with each other about treatment and payment issues. In the event that we must pursue collection action, both parents will be held responsible.

This financial policy is intended to inform our patients and allow us to continue offering the services and quality care. We understand that some situations may not be addressed by this policy. If you feel you are unable to meet our requirements, please contact the office manager to discuss how we may help you.

Patient Signature	
X _____	Birthday ____/____/____