

Adult & Pediatric Ear, Nose and Throat
A Division of Paragon Health, PC
Financial Policy

We seek to offer the very best care and facilities to our patients. Our financial policy is designed to aid us in continuing to provide the highest level of quality care to our patients.

Payment

Payment is required at the time of your visit. We accept cash, electronic 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.** A \$25 statement fee will be added to your balance each time your full copay is not paid at the time of your visit. This fee also applies to partial payments of copays.

Payment Plans

Payment plans are available only at the discretion of the manager 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.

If our providers are not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan with which we have no prior arrangement, we will prepare and submit the claim for you on an unassigned basis. This means the insurer may send the payment directly to you; and therefore, payment in full is due at the time of service. Due to the many different insurance products available, we cannot guarantee your eligibility and coverage. Please be certain to check with your insurer's member services department to verify coverage, copay amounts, and provider participation status prior to your visit. Many websites have limited, outdated, or erroneous information and are not a guarantee of coverage. You are responsible for obtaining a properly dated referral if one is required by your insurance carrier and responsible for payment if your claim is denied for lack of one.

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

In order 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.

Hearing Aids

Our audiologists participate with BCBS, 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 an M.D., D.O., or otolaryngologist. This exam may or may not apply towards your hearing aid 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 balance-billed or refunded according to the actual payment amounts.

Hearing aids can be returned up to 30 days after the date of purchase. A restocking fee of \$150 per aid will be charged to the patient upon return.

We accept Care Credit for hearing aid purchases only.

Sublingual Therapy

Sublingual therapy drops are not covered by most insurance carriers. If you believe your carrier may cover them, we will be happy to contact your insurance on your behalf. The drops are \$500 for a one year supply, payable upon delivery of the first vial. A payment plan option is available for this service. Please speak to the allergy nurse for details.

Surgeries

It's our goal to ensure our patients are educated about the costs associated with surgery. Not only will you receive a bill from us, 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, extension 205. We will do our best to obtain prior authorizations for our patients whenever appropriate; however, it is ultimately our patients' 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 take into account 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. Alternate payment arrangements can only be approved by the office manager prior to your due date. 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 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 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 service fee and collection action.

Accounting Principles

Payments and credits are applied to the oldest charges first, except for insurance payments and office visit copays which are applied to the corresponding date of service.

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 per form and \$.75 per page for records. These charges do not apply for forms needed for the proper processing of your insurance claims.

Billing Office

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

Cancellations or Missed Appointments

A fee of \$35 will be billed to all patients who miss or give less than 24 hour cancellation notice. This policy includes post-operative visits. *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 the practice.

Collection Fees

Collection processes are initiated for balances exceeding 60 days past due. We will make every attempt to contact you prior to collection action; however, if we do not receive payment in full by the due date on our letter, your account will be referred to collections. In the event that your account is placed in collection status, a 35% collection fee plus letter fees will be added to your outstanding balance. In addition, you may also incur court costs, interest, and fines.

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 that we currently offer. We understand that some situations may not be addressed by this policy. If you feel you are unable to meet our requirements, please contact our office manager to discuss how we may assist you.