ENT AND ALLERGY SPECIALISTS

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Dear Patient:

Thank you for choosing us as your health care provider.

It is the policy of our practice that laboratory results cannot be reviewed with the patient over the phone because it requires a certain amount of time and attention to the patient, their physical exam and their medical history including other diagnostic data to be able to interpret those results. The patients are given an appointment to follow up in our practice after the testing to review all the results and their interpretation with the physician.

Laboratory results can be accessed through the secure patient portal on our website by the patients without an appointment; however, the interpretation needs to be done with the physician in the office during an appointment.

Our main concern is that you receive the proper and optimal treatments needed to restore your health.
The following is our Financial Policy. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to contact our billing office at (610) 415-1100.

We ask that all patients read and sign our Financial Policy and HIPAA form as well as complete our Patient Information Form prior to having your examination, therapy, and/or study. Medicare patients are required to sign an ABN.

All insured patients are required to sign the assignment of benefits for payment from the insurance company. We will submit your claim to the insurance company on your behalf but if the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier. You will be billed for any non-covered services, deductibles, co-pays, and/or co-insurance.

It is the responsibility of the patient to ensure any and all benefits, referrals, precertification or authorizations have been obtained and checked prior to your appointment. In the event your plan's procedures are not followed prior to your appointment, your appointment may be rescheduled.

It is the responsibility of the patient to be aware that your insurance company classifies some procedures performed in our office as "*surgery*" and as a result, surgical copays and deductibles may apply.

Delinquent accounts will be turned over to collection agency with a 2 week notice unless demographic information has changed and returned to us by the United States Postal Service with an address change. Accounts will be considered delinquent if unpaid after 90 days. In the event your account is turned over for collection, you will be responsible for all

reasonable collection and court costs at the time the account is considered delinquent. Once the account is turned over to the collection agency, we can no longer handle billing inquiries; please contact the collection agency in this event.

Please advise us if there has been a change in your address, phone number, or insurance coverage since your last appointment.

Our office does have the following charges:

- If you are unable to keep your appointment with the doctor and do not give 24 hours notice a fee may be charged.
- If you are unable to keep your procedure or testing appointment and do not give 48 hours notice a fee may be charged.
- Payment is expected as services are rendered unless prior financial arrangements have been made.
- If co pay is not paid at time of visit, there will be a charge of $11.50 for administrative costs.
- A fee of $25.00 will be charged for all returned checks.
- There will be an administrative fee of $12.00 for the completion of all forms (Life, Disability, and Student Etc).
- There will be a charge for record requests.

Again, thank you for choosing us as your health care provider. We appreciate the opportunity to serve you.

I hereby acknowledge that I have been provided with, read, and understand the patient financial policy stated above and agree to be subject to same:

Patient Signature:_____

(Patient-18 years of age or older, if under age parent or guardian signature)

Assignment of Benefits

I hereby guarantee payment of all charges incurred at the office of ENT and Allergy Specialists. I hereby assign and direct to pay any and all benefits for medical services under this claim directly to ENT and Allergy Specialists. I hereby authorize the release of any medical information requested by the insurance companies.

Patient Signature:_____

(Patient-18 years of age or older, if under age parent or guardian signature)

Phoenixville: 826 Main Street, Suite 201 Phoenixville, PA 19460 **Tel:** 610-415-1100 **Fax:** 610-415-1101
Bryn Mawr: 825 Old Lancaster Road, Suite 300 Bryn Mawr, PA 19010 **Tel:** 610-520-0900 **Fax:** 610-415-1101
Pottstown: 5 South Sunnybrook Road, Suite 300 Pottstown, PA 19464 **Tel:** 610-326-3600 **Fax:** 610-415-1101
East Norriton: 342 West Germantown Pike, Suite 320 East Norriton, PA 19403 **Tel:** 610-415-1100 **Fax:** 610-415-1101