



FINANCIAL POLICY

Our office bills insurance as a courtesy to our patients if insurance cards are provided at the time of service. Insurance coverage is not a guarantee of payment and you are ultimately responsible for payment for these services. Currently, our office is contracted with Aetna, Blue Cross, Cigna, MultiPlan/Beechstreet, enrolled and accept AK Medicaid & Medicare Part B. We are not a preferred provider for any other insurance company. We do not accept or bill for auto claims or workman's compensation - our office will provide you with a copy of the bill and chart notes to submit for re-imburement. **We always recommend that you contact your insurance to verify your benefit coverage.**

Charges quoted to a patient are considered an estimate and are not guaranteed. Patients must be evaluated to determine the level of office visit or what procedure is necessary before a final charge can be given. As part of your evaluation, additional testing may be recommended and some of these tests may be billed from our office while others may be billed from the lab or hospital. If procedures are performed at the time of service, there will be an additional cost and the prices vary depending on the procedure. A nasal endoscopy and flexible fiber-optic laryngoscopy are considered procedures. **Please be aware that some insurance companies charge an additional co-pay for these services.** Any questions regarding this policy should be directed to our billing office or office manager.

Co-pays and deductibles are required to be paid at the time of service. We accept cash, check, Visa, MasterCard, and Discover. Please be aware that few insurance companies cover all medical costs and some pay fixed allowances while others pay only a percentage of costs. Some insurance companies also use a fee schedule derived from providers outside of this region and may not be applicable to this area.

Surgery: A deposit is required prior to any surgery. For sinus surgery, we require a \$750.00 deposit and for all other surgeries, a \$300.00 deposit is required. If needed, we can set up a payment plan if there is a remaining balance. We will call to pre-authorize surgery with your insurance but it is ultimately your responsibility to make sure this is done.

Statements are sent monthly for any unpaid balances after your insurance has paid their portion. Any questions as to how a claim was paid should be directed to your insurance company. If we have not received payment from your insurance company within 45 days of your date of service, please contact our billing office to discuss. Our office charges a \$25 fee for checks returned to us for insufficient funds.

Accounts that become delinquent with no response to our requests for payment will be submitted to a collection agency and will be subject to credit reporting. The patient or responsible party will have to settle the debt directly with the agency. In addition, patients whose accounts are submitted to a collection agency will be considered discharged by our practice.

By my signature below, I acknowledge that I have read and understand the above statements and am willing to accept responsibility to pay for services rendered. I authorize my insurance company to issue the medical benefits of my plan directly to Aurora ENT, LLC for services rendered to me. I also authorize the release of all information to my insurance company regarding my treatment, the diagnosis, or my condition that will aid in payment. This authorization is valid until revoked by me.

Patient Printed Name

Date

Patient/Parent/Guardian authorized Signature

Date