

Financial Policy 2016

Financial & Patient Responsibility

This office charges for all services that are significant and separately identifiable. Patients that are seen for consultation/referral and request treatment will be charged separately for each service provided by the physician, audiologist, and/or allergist even when all services are provided on the same day. The Audiologist may be considered "out-of-network" with some insurances, contact your insurance company for clarification of your financial obligations for out-of-network benefits.

This office can only code your procedures and file insurance claims for patients' visit with a diagnosis (ICD-9) and procedure code (CPT) that was encountered and documented in the medical record. To request a diagnosis change solely for the purpose of securing reimbursement form an insurance carrier is inappropriate and could be considered a fraudulent act.

The physician and/or audiologist are not participating in all insurance plans. If services are rendered and the provider is non-participating, you will be billed for all services not covered by your individual insurance policy. Please contact your insurance company to verify if the provider is participating and in-network under your plan/policy.

Please be aware that even though you may have active coverage under your insurance policy, if your deductibles, co-insurances, copayments have not been met for the policy year, you will be responsible to pay the remaining balances. Please contact your insurance company to verify if these have been met. Some ENT/Audiology/Allergy testing procedures are not covered under all patient individual insurance policies. If services are denied due to this reason, you will be responsible to pay for the non-covered services rendered.

Uninsured

If you do not have insurance (considered "Self-Pay"), payment in full is expected at the time services are rendered. Payment is due in full prior to surgery, procedures, and testing. If unable to pay in full prior to appointment, contact the billing dept. for special arrangements. Please contact our Billing Manager by calling 330-336-8717 or option 2. Please plan to bring *at least* \$300.00 with you to cover the fees for your initial visit.

Insurance Coverage Exclusions

There may be certain services (examples: elective surgical procedures, elective allergy and audio services) that are not covered by your health plan. If so, payment is expected at the time of service, or, in the case of elective surgery, prior to the elective surgery.

Patients covered by Ohio Medicaid must provide their current Medicaid card at every appointment.

Co-pays & Cancellation/No-Show Fees

All insurance co-pays are due at the time services are rendered as required by your insurance company. Even if you carry a secondary commercial insurance that may cover your primary insurance co-pay, you are still required to pay your co-pay at the time of service. Your insurance may apply an additional co-payment to the Audiology portion of your visit, please verify this with your insurance company. There will be a billing fee of \$5.00 for co-payments not paid at the time of service. If you fail to provide 24-hr notice prior to your scheduled appointment or do not show up to your scheduled visit and/or testing, you will be billed \$50.00 for the appointment, not billable to your insurance company.

Referrals

If you belong to an insurance plan that requires a referral for specialist care, it is your responsibility to obtain the referral from your Primary Care Physician (PCP) prior to your visit with us. Your PCP must send a copy of the referral to our office or you must bring it along with you at the time of your visit. Failure to obtain this information will result in you being financially responsible for the visit.

Patient Account Statements

You will receive monthly statements with your account balance. An unpaid balance is considered past due after 30 days. Any account balance over 60 days will receive a collection letter and be considered for further collection activity. If your account must be turned over to a third party collection agency/attorney, you risk possible damage to your credit for seven (7) years. This action would also cause a breach in the physician/patient relationship, resulting in possible discharge from the practice.

Elective Surgeries and Elective Procedures/Testing

No elective surgeries or elective allergy vials & injections will be scheduled if a patient has an outstanding delinquent balance, except in the case of an emergency or if prior arrangements were made with the Billing Manager.

Medical Records Requests and FMLA form completions

Any requests for copies of medical records or completion of medical forms, including FMLA forms, will be provided at a cost to the patient in the amount of \$20.00. All requests will be completed over the weekend hours and you will be notified when they are available for pick-up.

Patients must provide their current medical insurance cards at your appointment, failure to do so will result in rescheduling

Patient Signature: _____ Date: _____