

To Our Patients

Managed care is a serious reality. Many insurance plans have out-of-pocket expenses and not all procedures or treatments are covered benefits, even on the best HMO plans. It is **your** responsibility to make sure that you understand your benefits. Some plans require that the patient as well as the doctor's office notify them of hospital admissions and / or treatments. Contact your insurance carrier to be sure that you are aware of your plan's requirements.

While many HMO's allow open access to ENT (otolaryngology), some do not. If your insurance plan requires a referral from your primary care doctor for ENT office visits, it is your responsibility to obtain the referral. **If your insurance plan requires a referral and you do not have a current one, your appointment will be rescheduled.**

Most plans do not allow ENT providers to refer patients to other specialties. If we recommend that you see another specialist – or have tests completed outside our office – we will provide all information necessary to your primary care doctor. You will then be responsible for obtaining your own referral through the primary care doctor as required by your insurance.

We will verify your insurance benefit coverage at **EVERY** visit and will make every effort to inform you in advance of any out-of-pocket expenses. However, all benefit determinations are made at the time a claim is submitted and ***even an authorization for treatment does not guarantee payment.*** There may be some out-of-pocket costs that we may not be able to predict.

We will submit claims for the services we provide to your primary insurance and we anticipate that most claims will be paid within 30 days. To provide you with the most efficient service, please be prepared to provide us with the information necessary to ensure that your claim can be processed promptly and accurately. You must present your current insurance card at **every** visit and notify the front office immediately upon any change in insurance coverage, employment, address or telephone number.

AS IS REQUIRED BY ALL INSURANCE COMPANIES, CO-PAYS ARE DUE AT THE TIME OF SERVICE AND CANNOT BE WAIVED. WITH THE EXCEPTION OF A LIFE THREATENING EMERGENCY SITUATION, IF YOU ARE NOT PREPARED TO PAY YOUR CO-PAY YOUR APPOINTMENT WILL BE RESCHEDULED.

I understand my responsibility regarding my insurance plan benefits. I also understand that if my insurance plan has a co-pay, my co-pay is due at the time of service as required by my insurance company. I agree to pay my co-pay at the time of service.

Patient Signature

Date of Signature