

Associates in Otolaryngology Financial Statement

Thank you for choosing **Associates in Otolaryngology** for your medical care. We appreciate that you have entrusted us with your health care and we are committed to providing you with the best patient care possible.

Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your responsibilities as a patient. We will do our best to assist you with understanding your proposed treatment and in answering questions related to submitting your insurance claim for reimbursement.

Your health insurance policy is a contract between **YOU** and your health insurance company. Please note it is **your responsibility** to know if your insurance has specific rules or regulations, such as the need for **referrals and/or pre-authorizations**. You should be knowledgeable of any **deductibles, copayments and/or coinsurance**.

If you are uncertain about your current health insurance policy benefits **you** should contact your plan to learn the details about your benefits, out-of-pocket expenses, and coverage limits.

Insurance Coverage

Please provide us with your current insurance card at the time of each visit and notify us of any changes. We will request to see your insurance card to make a copy and keep on file for our records.

Please be aware of and provide any **required referrals or authorizations** in advance of the appointment. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt, contact your plan directly for clarification.

Our doctors belong to many insurance plans. Before your appointment, please be sure your doctor is in-network and the services are covered under your plan. If your doctor is out-of-network, you will be billed for the costs of care. We will help you find out if you have out-of-network benefits and submit a claim to your plan on your behalf.

Co-payments/Co-insurance/Deductibles

You are expected to pay your co-payment and any co-insurance and/or deductible amounts, if known, at the time of service. See Payments section below. We will also collect all previous outstanding patient balances at the time of your visit. You may have procedures done at your visit such as **Laryngoscopies, Nasal endoscopies, stroboscopes** or an **in office procedure**. These procedures may be applied toward your deductible or co-insurance. Our physicians are SURGEONS and we bill with the Surgery CPT CODES. **** please note these codes and charges are mandated by the State of Massachusetts.** These codes and charges are the same for all ENT offices.**

Payments

All co-payments and past due balances are due at the time of service. We accept cash, check or credit cards. If you are unable to pay the full amount due at the time of service, please speak with us to arrange acceptable payment plan arrangements.

We will bill your insurance. Once they have paid, you will receive a bill for the remaining amount owed. The balance is due in full within 30 days of receipt of the statement. If you are unable to pay the full amount within 30 days, please call the number located on your statement to make payment arrangements.

Thank you.

