



## **EAR, NOSE & THROAT SURGICAL ASSOCIATES, S.C.**

### **FINANCIAL POLICY**

Thank you for choosing Ear, Nose & Throat Surgical Associates, S.C. for your medical care. This financial policy helps us to provide quality care to all of our patients. We do not exclude, deny or otherwise discriminate against any person on the basis of race, color, national origin, disability, age or financial status. We require that all patients complete our financial policy prior to seeing our providers and biannually thereafter. If you have any questions or need clarification, please contact us by phone at (920) 734-7181 or email [ENTSA@ENTSAofAppleton.com](mailto:ENTSA@ENTSAofAppleton.com).

#### **Insurance:**

- Please bring your current insurance card(s) and a valid ID to all appointments, and promptly advise us of any changes in insurance, mailing address or telephone number.
- As a courtesy to all our patients, we will file a claim with your insurance company on your behalf. Seeing an out-of-network provider may result in reduced or denied benefits.
- It is your responsibility to know your individual insurance policy and what your insurance will and will not cover.
- If we do not participate with your insurance, we do not accept any fee schedule reductions, and you are responsible for the full amount of billed charges.
- If your insurance company requires that you have a referral or prior authorization, you are responsible for obtaining it.
- Prior authorization will be obtained when needed.
- Services provided in our office, in addition to the office visit/evaluation, will incur additional charges. These services include, but are not limited to, ear cleaning, CT scan, endoscopy, audiogram, allergy testing, myringotomy and tube, biopsy and removal of foreign body. These services may not be covered by your health insurance.
- Some items and services are considered "investigational," "experimental" or not considered "covered benefits" under your health insurance plan, and as such, your insurance will not pay for these services.

#### **Co-Pays:**

- Any co-payments required by your insurance company must be paid at the time of service.

#### **Payment:**

- Any additional balances due will be billed to you after your insurance carrier has processed the claim.
- In the case of divorce/separation, the parent authorizing treatment for a minor child will be responsible for those subsequent charges. It is the authorizing parent's responsibility to collect from the other parent.
- We accept cash, check, major credit cards and CareCredit®.
- Payments can be made via phone (920) 734-7181, mail or online at [www.entsaofappleton.com](http://www.entsaofappleton.com).
- Accounts 90 days outstanding will incur interest charges of 1% per month or 12% per annum.
- Accounts will receive one written notice prior to being placed with a collection agency. If we have to refer collection of the balance to a lawyer, you will be responsible for paying all lawyer fees that we incur plus all court costs.

#### **Returned Checks:**

- There is a fee (currently \$35) for any checks returned by the bank for any reason.

**I have read and understand the financial policy as stated above. I agree to all of the terms and conditions contained herein and that the agreement will be in full force and effect. I understand that charges not covered by my insurance company as well as applicable co-pays, co-insurance and deductibles are my responsibility.**

Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **If signed by someone other than the patient:**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**This form must be signed by the patient or legal guardian PRIOR to receiving any services or items.**  
**This form must be maintained in the patient's electronic health records.**

