



Central ENT Consultants, PC

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FINANCIAL POLICY/INSURANCE CLAIMS AND PAYMENTS

Central ENT Consultants, a division of the Centers for Advanced ENT Care will submit, on your behalf, to the insurance company for services rendered. Payment will be made directly to the providers. By providing your information in the portal/in the office, you certify that the reported information is correct and authorized the release of any necessary information. This includes but is not limited to medical information for claims. This authorization may be revoked by you in writing but you may no longer be able to stay a patient at Central ENT Consultants. You understand that nothing herein relieves me of the primary responsibility and obligation to pay for medical services rendered. **Copayments, coinsurance, deductibles and non-covered services are due at the time of service. We accept Visa, MC, Amex, Discover, Cash and check as forms of payment. Should Central ENT Consultants bill you in accordance with insurance response to claim submission, payment is due in full upon receipt of a statement.** You understand that in the event your account is turned over to an outside collection service and/or attorney, an administration charge may be added to your account. It is your responsibility to notify the office immediately of any changes in insurance coverage as well as personal information such as phone numbers or mailing addresses. You acknowledge that should your insurance change and you do not notify the office at the time of your visit, you will be responsible for any charges for that service, even if the office is a participating provider of the new insurance. You understand that it is your responsibility to determine if the Providers are participating providers for your insurance plans.

As a specialist, part of your ENT exam may include specialized diagnostic tools and/or minor procedures on you. Your insurance company may apply a surgical co-payment or co-insurance responsibility, or the procedure may apply to any outstanding deductible. Please be assured that we have correctly performed and documented the services as required by the CPT coding guideline.

Effective January 1, 2020 there will be a fee of **\$ 35.00** assigned to all returned checks. As always, we will continue to make a second deposit of the check for clearance. However, if the check fails to clear a second time, there will be a second fee of **\$ 35.00** assigned.

Any appointment cancelled **with less than 24-hours notice** or if you **do not show for your appointment**, you will be considered a No Show appointment and will be subject to a **\$50 No Show fee**.

Copies of records are available and are subject to a printing fee to be determined by the office at the time of the request. This also applies to paperwork for disability/FMLA/etc.

Our office does have a **15 minute late policy**. If you present to the office 15 minutes or greater after your scheduled appointment time, you may be subject to a fee. You may also have to reschedule if we are not able to accommodate you at a later time on the same day.

By signing below you are acknowledging that you have read and understand the financial policies for Central ENT Consultants and will abide by the policies mentioned above. To include, but not limited to any additional allowable amount in accordance with your insurance company.

Patient Name: _____

Patient Signature: _____

Date of Birth: _____

Date of Signature: _____