



OFFICE AGREEMENT

Thank you for selecting us as your personal ENT/Head & Neck Surgeons. To promote a long-term, mutually satisfying relationship, we would like to explain our office policy regarding treatment, insurance, appointments and fees. PLEASE read this agreement carefully and ask any questions or bring up any concerns you may have BEFORE treatment is rendered with our Practice Administrator. Submission to treatment implies your consent to the terms of this agreement.

TREATMENT: You will find our entire staff is dedicated to helping you improve your ENT health as quickly as possible. Every effort will be made to make your appointment as comfortable and pleasant as possible. Please feel free to discuss your treatment with the doctor at any time.

INSURANCE: If this office is able to accept your insurance company's assignment, the patient is still fully responsible for treatment rendered. Your insurance may not cover the services or may only partially cover them; any estimate given by this office is considered a guideline until the final insurance payment is received, and then the patient's account is reconciled. The office can make no guarantee of actual payment by your insurance company. You will be personally responsible for all copays or deductibles.

MISSED APPOINTMENT: When we schedule your appointment, the time is reserved exclusively for you. When you fail to notify us of your inability to keep an appointment, another patient in need of care is unable to receive treatment. We request that you give us at least 24 hours notice when you realize that you cannot keep an office appointment. When the requested notice is not given within 24 hours of the appointment, a fee of \$50.00 will be charged. If you cancel an authorized surgical or in-office procedure within 48 hours of the procedure, there is a fee of \$500.00 assessed. These charges are because our physicians schedule time aside for your particular visit or surgical procedure and when you don't give adequate notice another patient in need of care cannot receive the services needed.

_____ Initials required

PROCESSING / RECORD REQUEST FEE: There will be an administrative processing fee of \$25 for any disability paperwork requested. There is also a fee of \$25 when a copy of your records is requested, depending on the amount of paperwork in your file. Payment is due at the time of service. There is also a \$25 fee for any copies of CD images needed.

We accept cash, personal checks, American Express, MasterCard and Visa. When insurance applies, we will collect any deductible and estimated co-payments at the time of the visit, as required by law. Furthermore we may require a deposit before surgery to guarantee payment postoperatively and to reserve your surgical appointment.

We have Care Credit available for patients needing financial assistance. If utilizing Care Credit, this must be approved before services are rendered. Please ask our treatment coordinator for more information if interested.

SERVICE CHARGES:

- 1. MONTHLY BILLING / CREDIT CARD POLICY:** Even though an insurance claim has been filed, you will still receive a statement each month from our billing service which will provide you with the outstanding balance due on your account, since you, not the insurance company are ultimately responsible for payment of your account. A 1.625% will be applied every month to accounts with balances outstanding 90 days or longer, regardless of outstanding insurance.
- 2. RETURNED CHECKS:** There is a \$50.00 fee for returned checks. The check must be picked up personally, and credit card or cash must be used to cover the check and the fee. No checks accepted from then on.
- 3. COLLECTION FEES:** Fees incurred to enforce payment required by this agreement will be charged to the patient whose failure to pay, required these fees to be incurred. Interest will continue to accrue on any and all balances until paid in full.

Signature _____
Patient/ Parent or Guardian if patient is a minor

Date _____