

BAY AREA ENT SPECIALISTS

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The physicians and staff at Bay Area ENT Specialists, LLP appreciate the confidence you have shown in choosing us to provide for your health care needs and are committed to providing you with quality care.

***Please feel free to ask any questions about our fees and/or our financial policy.**

**WE DO NOT ACCEPT WORKERS COMPENSATION OR THIRD PARTY INSURANCE.
WE DO NOT OFFER TREATMENT FOR INJURIES RELATED TO A LAWSUIT OR MOTOR VEHICLE ACCIDENTS.**

PATIENT RESPONSIBILITY:

Providing proof of insurance and obtaining a referral if necessary. Without a referral, you will be responsible for the charges in full at time of service.

Payment of deductible/co-insurance, co payments and any non covered charges as designated by your insurance. If your insurance claim is denied, you will be responsible for your balance in full.

PAYMENT OPTIONS:

Cash, Check, Credit/Debit Card. There is a \$35 per check fee if your check is returned by the bank.

If your account becomes past due, Bay Area ENT Specialists, LLP will take the necessary steps to collect the debt, including but not limited to collection agency, lawyers, and reporting to Credit Bureau where you agree to pay all of the collection costs incurred. **We will charge an additional \$150 collection fee for delinquent accounts.**

MEDICARE:

We accept assignment of Medicare benefits and will file with your secondary or supplemental insurance. If you do not have supplemental insurance you will be responsible for any portion of the deductible or copay at the time of your visit. Any remaining balance that your supplemental insurance does not pay is the patient's responsibility.

SELF PAY PATIENTS:

I do not have health insurance and I will be responsible for all medical services rendered at Bay Area ENT Specialists, LLP. I will be offered a discount and I agree to pay Bay Area ENT Specialists, LLP the balance of these charges related to the office visit and any treatment/procedure rendered to me or to the above named patient at the time of each visit.

Initial here _____

CANCELLATIONS & MISSED APPOINTMENTS:

We request that at least **24 hour** advance notice be given to the office if you will be unable to keep your scheduled appointment. All cancellations with less than 24 hour notice or missed appointments will be billed \$50.00 per occurrence. Patients will be expected to pay the \$50.00 fee before scheduling future appointments.

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HEARING AIDS:

Coastal Audiology is a separate entity from Bay Area ENT Specialists, LLP and does not have contracts with any health insurance companies and are considered **OUT OF NETWORK**.

There is a fee to see the Audiologists for anything Hearing Aid related, this will vary by services performed and will be collected at the time of service.

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OUTSIDE LABS OR FACILITIES:

Services rendered by outside labs or facilities may incur an additional fee. Labs, Cultures, Tissue Samples, and any other services related to your appointment or procedure may incur additional fees that will be billed to you or your insurance.

****Outside labs or facilities may be out of network with your insurance, we cannot guarantee network status****

Bills received from outside labs or facilities are patient responsibility, no adjustments can be made by our office.

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ADDITIONAL FEES:

Any paperwork to be completed by the Physician or Physician Delegate at the request of the patient is additional fee of \$50 which is due at the time the forms are dropped off. Payment must be made prior to completion of the forms. The standard turnaround time for forms to be completed is 5-7 business days. Please make sure the patient sections of the forms are complete prior to us receiving them, incomplete forms will cause delays. A \$50 fee is required for any subsequent forms that need to be completed.

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MEDICAL RECORDS:

Medical records require a completed Authorization and Disclosure of Medical Records form to be completed before they can be released. There is a \$25 fee for Medical Records released to the patient via fax or printed ***WE CANNOT EMAIL RECORDS***. You can obtain your visit summaries online via our Patient portal at no charge. Record sent to or requested by another Physician are sent at no charge as long as an authorization to release records is received or on file. CT Scans done in our office can be printed to a disk for a \$25 fee, please allow 2 business days.

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MEDICAL SUPPLIES

Ex: Ear plugs, ear molds, ear insufflators, ear bandit, cervical collar ect... will not be billed to your insurance and is the patient's responsibility to pay at time of check out.

CONSENT FOR TREATMENT & ACKNOWLEDGEMENT OF PRIVACY PRACTICES

MINOR/PARENTAL CONSENT FORM: (Please list anyone whom may bring your child)

Minors accompanied by an adult other than a parent must have a parental consent form signed by the parent prior to treatment.

Consent Form: I being the parent or legal guardian authorize unexpected medical, surgical care, hospitalization and financial fees for the minor during the period of my absence.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent signature: _____ **Date:** _____

DIVORCED PARENTS:

The parent **accompanying** a child of a divorced family will be responsible for payment of charges incurred for the date of service regardless of insurance or divorce decree status at the time of visit.

CONSENT FOR TREATMENT/AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Bay Area ENT Specialists, LLP through its appropriate personnel, to perform or have performed upon me, or the above named patient, appropriate diagnostic and treatment procedures.

I further authorize Bay Area ENT Specialists, LLP to release to appropriate agencies (insurance company), any information acquired in the course of my or the below named patient's examination and treatment. I authorize Bay Area ENT Specialists, LLP to appeal any insurance claims on my behalf, to stand in the shoes of the beneficiary and demand the protections allowed by law to call healthcare consumers.

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CONSENT FOR TREATMENT BY PHYSICIAN ASSISTANT:

Physician Assistants are health care professionals licensed to practice medicine. They are trained in intensive education programs accredited by the accreditation review commission and graduation they are licensed with the state.

I understand that the physician assistant and the physician work together as a team to provide my medical care. I agree to see the physician assistant at my request and will be notified when scheduling an appointment. I understand that I can see the physician at my request.

Initial here _____

CONSENT FOR PROTECTED HEALTH INFORMATION:

I further authorize Bay Area ENT Specialists, LLP to contact or call on my behalf to discuss my personal health information with: (family member or other physician) *If the person is not listed below we **CANNOT** speak to them for any reason*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I have reviewed or been given the opportunity to receive a copy of Bay Area ENT Specialists Notice of Privacy Practice. (HIPAA) **Initial here** _____

I have read the above policy regarding my financial responsibility to Bay Area ENT Specialists, LLP for providing medical services to me or the above named patient. I certify that the information I provide to Bay Area ENT Specialists, LLP to the best of my knowledge is current, true and accurate. I authorize my insurer to pay any benefits directly to Bay Area ENT Specialists, LLP or other providers the full and entire amount to bill incurred by me or the above named patient; or, if applicable any amount due after payment has been made by my insurance carrier.

I hereby agree to all the terms of this financial policy.

Patient Signature: _____ Date: _____

Guarantor Signature: _____ Date: _____

*****Please be aware that your physicians have a financial interest in Houston Physicians Hospital, Houston Physicians Surgery Center and Argentum Toxicology * Please be aware that some of the diagnostics and surgery facilities may be out of network with your insurance*****