



FINANCIAL POLICY

1. **Billing:** We need to know your current insurance carrier(s) so we can meet their deadlines for billing for our services. If you have changed insurance and not informed us, we will bill the last plan in your records. When they deny the claim, we will bill you directly for payment, and you must seek reimbursement from your current insurance.
2. **Co-Pays/Coinsurance and or Deductibles:** *All Co-pays are required at time of service.* Please refer to your insurance card or benefit handbook for your plan requirements. Please be prepared to pay at time of services or your appointment may be rescheduled.
3. **Regarding Insurance:** The service provided by Ashland Otolaryngology, Head & Neck Surgery, Inc.; dba: Ashland ENT, Allergy & Hearing Aid Center is directly to you and/or your dependent and you are responsible for the payment of services. We cannot render services on the assumption that charges will be paid by your insurance company. Our office will bill your primary and secondary insurance company directly and timely for all charges for services rendered. However, if your insurance company fails to pay within 45 days of submission we will bill you for reimbursement or assistance in processing claim.
4. **Referrals:** The office policy request patients to be referred by their primary care physician (PCP) for all first time appointments with Dr. Stein. **ADDITIONALLY: If your insurance plan requires a written referral from your PCP to consult with a specialist, please contact your PCP to verify this process has been completed and that we are in receipt of this referral prior to your appointment. WE MUST HAVE THE REFERRAL(S) ON FILE PRIOR TO YOUR SCHEDULED APPOINTMENT OR YOUR APPOINTMENT WILL BE RESCHEDULED.**
5. **MEDICAID/BCMh:** If you have Unison or Caresource we must have your card to scan prior to seeing Dr. Stein or your appointment will be rescheduled. For patients on traditional Medicaid the office policy requires a copy of your current month Medicaid card at each visit. For BCMh we need your Letter of Approval (LOA) each time you are seen in our office. If the patient does not have their current month Medicaid card or BCMh LOA THEIR appointment will be rescheduled. All Medicaid and BCMh patients are required to provide their current health coverage information to the receptionist for update at each visit.
6. **Self-Pay:** For those who do not have insurance we expect payment on the day of your visit. Please plan on paying a minimum of \$150.00. This does not include costs of additional testing that may be required to determine your diagnosis and treatment. Please contact our office prior to your appointment about meeting these requirements. We accept Visa, MasterCard, and Discover as well as cash, debit cards, or checks for your convenience. Please make arrangements with the practice manager for *Self-pay* surgical procedures or allergy testing. Payment for these procedures is required to be paid two weeks prior to the scheduled surgery date.

Informing our patients about our financial policy assists us in providing the best financial service to our patients.

I understand that providing current insurance information, being prepared to pay my copay and having the required referral on file will avoid extra and inconvenient costs. I understand that not complying with the guidelines ultimately **requires me to pay in full** for the services rendered upon receipt of first statement.

SIGNATURE OF PATIENT/PARENT/GUARDIAN

DATE

PRINT PATIENT NAME

THIS AUTHORIZATION IS HIPAA COMPLIANT
Revised: 03/16/2007