

OFFICE POLICY

KENTUCKIANA EAR, NOSE & THROAT, PSC

Payment is due at the time services are rendered. You may pay by check, cash, MasterCard, Visa, American Express, or Discover Card.

We will file insurance for covered services for all plans with which we participate. If you are covered by insurance, you will need to be prepared to pay your deductible and copayment amounts at the time of your visit. Please contact your insurance carrier for your benefit information and whether or not services will be covered in our office. If you are a member of an HMO you will need to have an authorization or referral from your primary care physician at the time of your visit in order for us to see you. For scheduled surgery, our billing department will determine your copayment amount and request this payment prior to your scheduled surgery.

We do not file co-pays with secondary insurance. Any claim filed to secondary insurance, if not paid in 30 days, will become the responsibility of the patient / guarantor.

You will be asked to complete a registrations form on your visit and every new year thereafter. We recognize the "Responsible Party" to be the parent / legal guardian who typically brings the child(ren) in to see the doctor - regardless of who the insured might be. If you anticipate a grandparent or someone other than yourself will EVER bring the child(ren) in, please sign consent for care to be provided in your absence (at the end of this agreement). We DO NOT bill exes and / or noncustodial parents without a full copy of a court order indicating such persons' 100% responsibility of medical expenses.

We participate with Medicare and will file your Medicare claims for you. If you have a Medigap secondary policy, Medicare will automatically submit your secondary insurance for you. If you have a secondary policy other than Medigap, you will need to file your own secondary insurance. Payment must be received in full before a secondary claim can be filed by us. Any insurance amount due on your secondary claim will be sent to you. You will need to be prepared to pay all deductible and copay amounts and charges for Medicare noncovered services at the time of your visit.

Any balance on your account not paid by insurance within 60 days will become your responsibility and payment will be due from you. We do all we can to provide pertinent medical information on your claim. However, we are unable to act as an intermediary between you and your insurance carrier. Please contact the customer service representative of your insurance plan, if you are dissatisfied with your claim denial and feel your service should be covered.

Refills: Prescriptions may be refilled during business hours Monday thru Friday only. The patient records are not available once the office is closed, therefore refills cannot be given on weekends. We may refuse to refill medications if we have not seen you in six months or if you have missed several appointments.

If you have any question concerning our financial policy, please call our billing department at 894-9753. Our staff is always pleased to be of service to you.

Signature _____ Date _____