Financial Policy

North Shore Ear, Nose, and Throat Associates
North Shore Audio-Vestibular Lab

Thank you for choosing us for your medical needs. We are committed to providing you with the best possible medical care. The following statement of our Financial Policy is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

Insurance is a contract between you and the insurance company. It is your responsibility to know the requirements and stipulations of your policy and if we are contracted providers for your plan. Some services may not be covered benefits under your insurance plan and, therefore, payable directly by you.

Your insurance card must be brought and shown at each office visit. In order for us to verify identity, we will need a copy of your Driver's License or other state-issued picture identification.

If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to the Member Services department at your insurance company. The phone number can be found on the back of your insurance card.

Co-pays are due at the time of service. If you do not have insurance coverage, full payment is due at the time of service. We accept cash, check, Visa, MasterCard, or Discover.

Contracted PPO/POS/HMO and other Managed Care In-Network Plans

Prior to your visit, you should confirm with your insurance company that our doctors are participating (in-network) providers for your plan.

It is the Guarantor's responsibility to understand the insurance benefits and pre-authorization requirements. For HMO, POS, and EPO plan holders, **referrals (when needed) must be obtained by you prior to your appointment and must show current effective dates** identifying all scheduled services. If you do not have the necessary referral, your visit may be rescheduled, or you may choose to pay for the services at the time of the visit. In this instance, if services are rendered, they will not be submitted to your insurance company or eligible for in-network benefits.

Non-Contracted PPO/POS/HMO and other Managed Care Out-of-Network Plans

If we are not contracted providers for your insurance plan, payment is due at the time of service. We will be happy to file a claim to your insurance company on your behalf so that you may receive appropriate reimbursement. For out-of-network claims, we do not follow insurance company fee schedules.

Medicare Patients

Our office sees many Medicare patients, however, we do not accept Medicare assignment. ***This means that we will ask you for payment-in-full at the time of service.*** We will file the claim to Medicare for you and Medicare will reimburse you directly in approximately four weeks. Medicare fees are specified by the Federal government's Medicare Physician Fee Schedule (MPFS).

Payment and Insurance

Not all insurance plans pay the same benefits or apply the same deductible amounts. There may be a balance due that you will be responsible for after your insurance company has paid us. If your insurance company does not respond within 30 days (as required by law), you will be liable for the charges. It is essential that the Guarantor provides us with the correct information for filing claims and to notify us of any changes in insurance or other information necessary for claims processing. **Failure to notify us of proper information may result in insurance claim denial. In case of denial, you agree to be responsible for the charges.**

We will bill your insurance company on your behalf and honor any contractual agreement that we have with your insurance company, however, should the insurance company default on their agreement or not abide by the law, you are ultimately responsible for the charges.

Past Due Accounts

We realize that temporary financial problems may affect timely payment of your account. After the Explanation of Benefits (EOB) has been received from your insurance company and posted to the account, any amount due from you and not paid by the 15th of the month following the billing date to the patient may be assessed a finance charge at an annual rate of 18% (1½% per month). Past due accounts of 90 days or more will be referred to a collection agency. An additional collection fee of 35% will be added to the balance to recover costs of collection.

Missed Appointment/Late Cancellations

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. ***A $75.00 fee will be charged for missed appointments or cancellations less than 24 hours prior to the appointment.*** This fee is not reimbursable by your insurance company. Excessive abuse of missed appointments or late cancellations may result in discharge from the practice.

Other Services

Medical Records: A copy of your medical records is available upon request within 30 days (or less). By State statute, copying fees may be assessed. The fee schedule is available upon request and is adjusted annually.

Returned Checks: There will be a $50.00 service charge for any returned checks.

Medication Requests: Telephone or fax requests for medications may incur a $25.00 fee under the following circumstances:

- When the patient hasn't been seen during the preceding three (3) months
- When the patient calls for medication with complaints of a new medical illness
- For non-emergency calls or requests after regular office hours

These fees are not submittable to, or reimbursable by, your insurance company.

Forms and Correspondence: It is not uncommon for patients to request the completion of disability forms, a personalized letter to refute a denied claim, a letter explaining the results of an exam to a third party, etc. These non-routine requests require additional time and resources. We will be happy to provide these services for a reasonable fee. We regret having to charge for these services, however, we thank you in advance for understanding that it is cost-prohibitive to fulfill these requests for free.

Our practice firmly believes that a good provider/patient relationship is based upon understanding and good communication. Questions about financial arrangements should be directed to the office manager.

I have read and understand the Financial Policy described above. By choosing to proceed with care, I am also agreeing to abide by these policies.

Patient Name (please print) _____

_____ _____

Signature of Patient (or responsible party) Date