

### Financial Policy

We are committed to providing you with the best possible care. In order to better serve you by keeping our overhead costs low, KENTUCKY EAR, NOSE & THROAT has adopted the following financial policy. Please read and familiarize yourself with this policy so that future misunderstandings regarding our billing and payment policy can be avoided. If you have any questions, please do not hesitate to speak with the office manager.

- 1) If we participate with your plan and it requires a referral, you will be held responsible to obtain a referral prior to your visit. All co-payments will be collected at the time of service. Please refer to your insurance company's provider directory to see if we participate with your plan.
  - a. \*Please remember: Your insurance is a contract between you, your employer, and insurance company. We are a party to that contract. You are personally responsible for any bill, or portion thereof, not paid by a third party insurance carrier or medicare.  
Note: Hearing tests are frequently not covered by Medicare and other carriers.
- 2) If we do not participate with your plan, you will be required to pay in full at the time of service, unless payment arrangements have been made prior to your visit. Our encounter form will serve as a receipt to submit to your insurance carrier.
- 3) We will file all third party insurances for surgical procedures. However, we will require any insurance deductibles and/or co-payments up to 20% be paid prior to the date of the surgery.
- 4) For elective procedures not covered by insurance, payment in full is required prior to surgery.
- 5) A service fee of \$25.00 will be assessed for each returned check. Past due accounts greater than 30 days will be subject to an interest and bookkeeping late fee of 1.5% each month. Charges may also be made for broken appointments and appointments cancelled without 24 hours notice. Past-due accounts may also be subject to attorney's fees, court costs, and other cost of collection.
- 6) For hearing aids dispensed by this office, payment in full is required when you pick up the device. You are entitled to a full refund minus the non-refundable fitting fee for up to 30 days from the time you pick up the aid.
- 7) I will allow photographs to be taken and used at the discretion of Kentucky Ear, Nose & Throat for treatment and educational purposes.

PATIENT'S NAME \_\_\_\_\_

(PLEASE PRINT)

I have read the above policy and understand my financial responsibilities in exchange for medical care provided by Kentucky Ear, Nose & Throat.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_