

Thank you for choosing our practice for your health care. In order to assist you in understanding and managing your responsibilities as a patient in our office, we have developed a financial policy, as well as, some general office policies which will help prevent unnecessary increases in your medical bills. Please read and sign this policy prior to your visit with our physician.

1. Our office requires that you fully complete a patient information form, which includes all current insurance information for the patient.
2. **Payment in full is expected at the time of service.** We accept personal checks, cash, Visa, Mastercard, and Discover. **Asheville Ear Nose & Throat will expect full payment of copays, coinsurance and deductibles at the time of service if your visit is covered by an insurance plan with which we participate. Non-emergent visits will be rescheduled if you are unable to pay the copayment or coinsurance at the time of the visit.**
3. Insurance claims:
Office visits: Asheville Ear Nose & Throat will file claims with all insurance companies though we will collect payment in full at the time of service if we do not participate with your insurance. **Surgeries:** Asheville Ear Nose & Throat will file claims with all insurance companies for surgical claims. Any noncovered surgical expenses must be paid in full prior to the surgery. **Copayments and deductibles will be collected prior to surgery.**
4. If you have unique financial problems, please discuss them with us.
5. Please be advised that Asheville Ear Nose & Throat works with a professional collection agency and any unpaid accounts will be given to this agency for collection efforts. This would affect your credit rating and show on your credit report.
6. Please understand that your insurance coverage is a contract between you, your employer and your insurance company. You are responsible for any balance not paid by your insurance company in 30 days for the date of services.
7. The adult, parent or guardian, accompanying a minor to our office will be regarded as responsible for all balances and transactions for the patient. We will not serve as an intermediary. **Unaccompanied minors will not be seen in our office except on an emergency basis.**
8. Medicaid patients must present a current Medicaid card at the time of each visit. Adults will also be expected to have their \$3.00 copayment at the time of their visit. **Your appointment will be rescheduled if you do not pay your copay before being seen.**
9. A physician is always on call for emergency care for our office. Please limit requests for appointments and prescription refills to our regular office hours between 9AM and 5PM. After hours calls will be answered by our answering service who will have a physician return your call.
10. Failure to uphold the terms of these policies may result in dismissal from Asheville Ear Nose & Throat.
11. Comments: _____

I have read and understand this financial policy. I accept the terms of the policy.

Signature: _____ **Date:** _____