Notice to Divorced/Unmarried Parents

Authorization to Bill Insurance

To avoid any misunderstanding as to who is responsible for payment EN&T's payment policy is the individual accompanying the patient to the appointment is expected to pay any co-payment due at the time of service. If the child is covered by insurance and the non-custodial parent (the insured) does not present with the child, we will submit billing to the insurance if all required information, including the insured's signature, is provided.

Please print this page, obtain the necessary signature and present the completed form at the time of the office visit.

Dependent's Name_____ Birthdate_____

COVERAGE - Effective Date:	
Insurance Co	
Cardholder's Name	Birthdate:
Relationship to Patient	
Policy ID:	Group #:
Social Security # of Insured	

I authorize Ear, Nose & Throat Associates of Charleston, Inc. to bill my insurance for services rendered to my dependent and release protected health information as required by my carrier to process medical billings.

_____ _____

Insured's Signature Date