

## Financial Policy

Welcome to the office of Ear, Nose & Throat Associates of Charleston, Inc. (EN&T). In order for our staff to deliver quality care we have established our financial policies. The following is a list of guidelines that are necessary in order to provide high quality care and make your visit as pleasant as possible.

### PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have a change of address, telephone numbers or employer, please notify the receptionist.
3. (a) We collect deductibles, co-payments or charges for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks and most major credit cards. For your convenience we offer online payments through a secure portal at [www.entchas.com](http://www.entchas.com).  
(b) There is a fee of \$35 for any check returned by your bank unpaid.  
(c) Payment is expected from the responsible adult who presents to the office at the time of the visit.
4. Medicare patients will be asked to sign an Advanced Beneficiary Notice prior to receiving service(s) which may be considered non-covered by Medicare.
5. If your insurance plan requires authorization before services may be rendered, it is your responsibility to obtain it prior to the date of service.
6. If we participate with your insurance plan, we will bill them for you and accept their allowance as payment in full. We will also bill any supplemental insurance. If payment is not received from your supplemental insurance within 45 days of being submitted, we will bill you for the balance.
7. If your insurance denies our charge(s), does not pay us in a timely manner or your account becomes delinquent, we reserve the right to refer your account to an outside collection agency and report the delinquency to one or more credit bureaus.
8. Payment will be expected at the time of service for any patient with no insurance coverage.
9. MISSED APPOINTMENT: When an appointment is scheduled with the physician, time is specifically allocated for you. We understand there may be times when you are unable to keep an appointment, but ask the courtesy of at least 24 hours advance notice to cancel your scheduled appointment. If ***one*** or ***two*** appointments are missed ***without prior notification***, you will be charged a \$25.00 fee on each occasion. If ***three*** appointments are missed without advance notification, you will be dismissed from the practice for non-compliance.  
***If you are charged for an appointment that was missed due to circumstances beyond your control, please contact our Business Office.***
10. It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, they should contact you, their policyholder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation to EN&T.

If you have any questions regarding our financial policy, please call the Business Office at 304 340-2208.

I have read and understand EN&T's financial policy.

Name: (print) \_\_\_\_\_ Account #: \_\_\_\_\_

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