

FINANCIAL POLICY

ABOUT YOUR PATIENT ACCOUNT

Welcome to Southwest Idaho Ear, Nose and Throat. Our practice is committed to providing the best treatment possible for our patients.

Our charges are usual and customary for our specialty. Your insurance policy is a contract between you and your insurance company. It is the patient's responsibility to know what services are covered under their insurance policy. Full payment is due at the time of service for all co-pays, co-insurance or any deductible amounts.

If you require financial assistance from our office or want to arrange a payment plan, please contact our billing office at (208) 813-1529.

YOUR PATIENT ACCOUNT

We have created a single record in your name. All charges, payments and contractual adjustments related to your visits and services at Southwest Idaho Ear, Nose and Throat will be attached to this single record. The record will consist of accounts for both professional services and surgery center charges.

BEFORE YOUR VISIT

- If you would like an estimate for your visit/procedure, please contact our billing office at least two days before your appointment.
- If you have medical insurance, we will ask for a co-payment or co-insurance and submit a claim to your insurance carrier on your behalf.
- If you do not have insurance and are having a nonmedically necessary procedure, we will ask for a deposit or payment in full before or at the time of service.

BILLING STATEMENT

- You may receive more than one statement if you receive services from radiologists, pathologists, anesthesiologists or other facilities during your visits, including Southwest Idaho Surgery Center, as these providers bill for their own services.
- Our goal is to provide you with a statement as quickly as possible. If you have insurance, it may take longer than 60 days after your visit as we are waiting for your insurance company to process your claim.
- If you are a self-pay patient, we strive to provide you with a statement within 60 days of your visit.

PAYING YOUR BILL

- We accept cash, check, Visa, Mastercard, American Express and Discover.
- We have made paying your bill easier by making website, Healow portal and text link payment options available.
- You may also pay in person or by phone (see below for phone numbers and locations).

WHAT IS “BALANCE BILLING” (SOMETIMES CALLED “SURPRISE BILLING”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a co-payment, co-insurance and a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network or if your insurance plan does not cover the service provided.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care, like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for certain services at an in-network hospital or ambulatory surgical center. When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, assistant surgeons, hospitalist or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like co-payments, co-insurance and deductibles and non-covered services that you would pay if the provider or facility was in-network).
- Your health plan generally must:
 - » Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - » Cover emergency services by out-of-network providers.
 - » Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - » Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, visit www.cms.gov/nosurprises or call 1 (800) 985-3059 for additional information and instructions to dispute the charges. You may also contact the Idaho Department of Insurance by visiting the department's website at doi.idaho.gov/no-surprises or calling the Consumer Affairs section at 1 (208) 334-4319 or toll-free in Idaho at 1 (800) 721-3272.

Please Initial _____ If you do not cancel 24 hours prior to your appointment time or arrive at your appointment more than 15 minutes late, you will be charged a no-show fee of \$50.

Please Initial _____ Physicians at Southwest Idaho Ear, Nose and Throat, PA may need to perform additional testing, such as audiometric testing (hearing evaluations), nasal endoscopy, laryngoscopy, CT scans, biopsies and other diagnostic testing, including cerumen removal (ear cleaning), to accurately diagnose and treat your condition. Each insurance policy processes these tests differently, and charges may be applied to your deductible or co-insurance or co-pay, which may result in a separate charge in addition to your office visit fee.

Please Initial _____ I authorize the release of any information necessary to determine liability for payment to obtain reimbursement on any insurance claim. I request that payment of authorized benefits be made on my behalf. I assign benefits to which I am entitled, including private insurance and other health plans, to Southwest Idaho Ear, Nose and Throat, PA. This assignment will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as the original.

Please Initial _____ I understand that I am financially responsible for all charges that are not paid by insurance, including all diagnostic testing.

I hereby authorize Southwest Idaho Ear Nose and Throat, PA, to appeal any incorrect insurance payment unless specified by my insurance that I must dispute incorrect payments or denials myself. I release Southwest Idaho Ear, Nose and Throat, PA, from all legal responsibility or liability that may arise from this authorization.

Southwest Idaho Ear, Nose and Throat, PA, uses third-party agencies to collect on accounts that are past due. Returned checks are subject to an additional fee and will be sent to a third-party agency if not paid in full after receiving notification.

I AGREE TO THE ASSIGNMENTS AND ACKNOWLEDGE MY FINANCIAL RESPONSIBILITIES OUTLINED ABOVE

Signature: _____ Date: _____
Responsible Party Signature

Is your visit a result of an accident? YES NO

Date of Injury: _____ Description: _____

Is this a Workers' Compensation Claim? YES NO Claim Number: _____