SOUTHWEST IDAHO ENT
Ear Nose and Throat, P.A.

FINANCIAL POLICY

Southwest Idaho ENT is committed to providing the best treatment possible for our patients. Our charges are usual and customary for our specialty. Patients with insurance coverage are responsible for understanding the specifics of their insurance policies. The patient retains ultimate responsibility for financial charges. Please contact your insurance company at the phone number provided on the back of your insurance card for your policy details.

BEFORE YOUR VISIT

- Please provide a current copy of your insurance card. If proof of insurance is not provided or you do not have medical insurance, we will ask for a deposit or payment in full before or at the time of service. If this is not possible, please discuss this with our billing department **before** services are rendered. If you cannot make your payment at or before check-in, you may be asked to reschedule 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 would like an estimate for your visit/procedure, please contact our billing office at least two days before your appointment.

NO-SHOW FEES: Appointment no-shows or cancellations less than 24 hours in advance will be charged $50.

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.

If there are any questions or concerns about the cost of services, please ask to speak with a member of our billing department. We are sensitive to your financial constraints. If necessary, we encourage patients to contact our billing department to arrange an acceptable payment schedule.

PLEASE NOTE: An outstanding balance over 90 days will be reviewed for submission to an outside agency for collection.

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

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

I HAVE READ AND UNDERSTAND THIS FINANCIAL POLICY. I CERTIFY THAT ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

Signature of Patient or Legal Guardian: _____ Date: _____

Printed Name of Patient or Legal Guardian: _____ Relation: _____

Is your visit the result of an accident? ☐ YES ☐ NO Date of Injury: _____

Description: _____

_____

Is this a workers' compensation claim? ☐ YES ☐ NO Claim number: _____