Frisco Family ENT

Phone: 214-374-8264 Fax: 214-297-0073

We ask for your insurance information when we schedule your first appointment, and we make every effort to verify your coverage and benefits. While we do our best to verify that our doctors are contracted and in-network with your insurance plan, it is ultimately your responsibility to ensure that this is the case. We call your insurance company and ask for specific benefits for procedures that are common in our ENT practice. Based upon information provided to us by your insurance company, we will expect payment according to the benefits quoted. Upon check-in, we will expect payment of the full amount of your co-payment. After you see one of our providers, we will expect payment of any deductible and co-insurance amounts based on the services rendered. We will then file your insurance claim with your insurance company for that visit. When they process your claim, they will mail both you and our office an Explanation of Benefits (EOB). When we receive the EOB, we will adjust any contracted discounts off of your account for that visit. We will post any payments received for the insurance company to your account for that visit. All outstanding balances are due in full upon receipt of statement.

Many insurance plans have a requirement that patients must provide additional information to them **before** they will pay your claim. When this is the case, your insurance company will inform us that they have "pended" your claim for additional information. If that happens, the **full balance** due on your visit becomes your responsibility to pay. Once an insurance company "pends" a claim, there is **nothing** that our office can do to get the claim paid; it is completely up to the patient to contact their insurance company, provide the needed information, and ensure that the insurance company pays the claim within thirty days. Additionally, if your insurance plan, group number or policy number changes, you must notify us at the time of service. Failure to provide us with current valid insurance information will result in the entire balance becoming your responsibility. This is because health care providers only have a certain amount of time in which to file your insurance claim; this timely-filing deadline varies with each insurance company. Also, visits that have been filed in a timely fashion and go unpaid by you insurance company for 60 days will be transferred to your financial responsibility. **Please remember that our office files on your insurance as a courtesy to you and is not legally required to do so.** It is important to remember that your insurance policy is a contract **between you and the insurance company.** We will do everything possible to assist you in getting your claim paid, however all charges incurred for your medical care are your sole financial responsibility.

Medically Necessary Services-

Insurance regulations require that in order to collect payment for services rendered, your doctor informs you in advance when a service may not be deemed "medically necessary" by Medicare guidelines, even though the doctor believes these services are required in order to provide you with the best quality of care you are owed. Based on past occurrences, the following service might not be paid by your insurance:

Hearing Examinations	***Pathologic Examinations***	***Fiberoptic Laryngoscopy***	***Nasal Endoscopy***	***Cerumen Removal***	***Surgical Procedures***

By signing this statement, you are agreeing to pay for these services yourself even if they are determined by your insurance to not be "medically necessary."

Non-Covered Services-

A non-covered service is any service that is denied by your insurance carrier due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods. Non-covered services will be the responsibility of the patient and payment is due at the time of service. Please contact your insurance carrier and inquire about any service that may be non-covered. If you receive a service that is considered non-covered by your insurance plan, you will be expected to make payment in full.

Referrals/Authorizations-

Should your insurance company require a referral or authorization, it is your responsibility to obtain or request one prior to your appointment**.**

Returned Payment-

Payment is accepted in the form of cash, check (except for new patients and surgery), credit card (expect American Express), and debit. Should a payment be returned for any reason, including but not limited to, insufficient funds, stop payment, or closed account, the patient will be liable for the original amount plus any associated NSL fees. Our current NSF fee is $25.00.

Medical Records-

1) I understand the Texas State Board of Medical Examiners allows 2 weeks for the processing of my records.
2) I understand that if I request medical records, there is a fee which must be paid prior to the records being copied. According to the Texas State Board of Medical Examiners, the allowable fee is $25.00 for the first twenty pages and $.50 for each additional page.
3) I understand that there will be a $ 35 fee for any FMLA Paperwork completed (Surgery patients)

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Your co-Payment is due at check-in, prior to seeing the doctor. Any deductibles and co-insurance portions must be paid at check-out for services rendered at that visit. If you are unable to pay your portions at the time of service, we ask that you reschedule your appointment or make prior financial arrangements with our billing department.

I, _____ , do hereby affirm that I have read and understand the above financial policies. I understand that I am financially responsible for all medical fees incurred during my treatment regardless of insurance coverage o benefits.

(Print Name) (Signature of Patient/Guardian) (Date)

*****Policy regarding Social Security numbers*****

It is the policy of this office to obtain social security numbers for ALL account guarantors and/or patients. If you are not able t provide such information then our office will decline to file on your health insurance and the entire balance of your visit will b your responsibility. Our office will be happy to give you a detailed receipt so that you may file on your own behalf to you health insurance company.

(Print Name) (Signature of Patient/Guardian) (Date)

Consent for Treatment, Missed Follow –Up Appointments, and Returned Check Policies

I hereby give authorization to the physician and medical staff of Dr. Patti C. Huang M.D., PA to provide medical treatment and care. I understand that no guarantees have been made with regards to treatment successes and that there may be complications associated with either my condition or with its proposed treatment.

I understand that failure to appear at a scheduled follow-up appointment may result in a delay in the diagnosis or treatment of a potentially serious condition. This office will call in advance to remind the patients of their upcoming appointments and will try to reschedule if the appointment cannot be kept. However, this office will not be held responsible for complications arising from missed appointments due the patient's non-compliance. **We reserve the right to charge $25 for missed appointments. There will be a $50 cancellation fee for cancellation of surgery due to non-medical reasons. A $25 fee will also be assessed for all checks returned unpaid. Payment is expected at the time of service upon check-in unless prior arrangements have been made.**

Signature of PATIENT/Patient's Parent or Guardian _____

PATIENT's Name (Printed) _____

Date _____