



## FINANCIAL POLICY

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of your treatment. Please provide your insurance information to the front office staff, and we will verify your coverage as a courtesy. A quote of benefits is not a guarantee of benefits or payment. We require all patients to pay their co-pay and any outstanding balance at the beginning of each visit. At the conclusion of your visits with us, your deductible and/or coinsurance payment will be collected. If there is a credit, you will be provided a refund promptly.

Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred; your physician's referral and our verification of your insurance benefits are not a guarantee of payment. We highly recommend you also contact your insurance carrier and check into your coverage for ENT and/or pulmonology services. Do not assume that you will not owe anything if you have one or more insurance policies.

Inspire ENT & Pulmonology is committed to providing you with the best possible care. Please ask us any questions you may have regarding our Financial Policy or our professional fees.

Please sign the attached "Financial Responsibility and Authorization to Treat" form and return it to us.

### SELF-PAY PATIENTS

Patients who do not carry health insurance coverage are considered to be self-pay. This means that you are required to pay for services in full at the time of your visit. In cases where payment in full is not possible, you will need to visit the business office to make arrangements for the balance left unpaid.

### PATIENTS WITH HEALTH INSURANCE

Please bring your insurance information to every appointment and tell us when there are changes. We contract with many, but not all, insurance carriers. We submit claims to all U.S. companies as a courtesy, however if we are not a contracted provider with your insurance company (i.e. out of network), we are not required to comply with their fee schedule.

*If your insurance requires pre-authorization or a referral for any services, it is your responsibility to notify us in advance and/or obtain the referral.*

Your insurance **requires** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay, deductible and co-insurance at each office visit.

### AUTO ACCIDENT AND ASSAULT VICTIMS

We require payment for any services provided by our physicians. All co-payments and deductibles must be paid at the time of service. If you are seeking payment from another party, you will be responsible for collecting payment from that party. Inspire ENT & Pulmonology will not be responsible for recovering funds from another party for your services. Patients will be required to pay the full amount for any services.

### CHILDREN OF DIVORCED PARENTS

The parent or responsible party accompanying a child for care is responsible for payment at the time of service. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Account statements for children will be sent to the address where the child resides the majority of the time or the parent designated in the divorce decree as financially responsible for the child's expenses.

### FORMS OF PAYMENT

Inspire ENT & Pulmonology accepts Visa, Mastercard, American Express, Discover, personal check, money order and cash. For larger balances, we offer CareCredit at 12 months, 0 finance charge. You may use our online payment services at <https://www.followmyhealth.com>.

**DEPOSITS**

Services such as in-office procedures and surgeries may have higher fees due to the complexity of care. These services are usually part of your deductible. If your deductible has not been met, we will require a deposit prior to the procedure.

**BANKRUPTCY**

Inspire ENT & Pulmonology reserves the right to treat accounts included in bankruptcy on a case-by-case basis. Patients may be terminated from Inspire ENT & Pulmonology, which requires the patient and their family to seek medical care elsewhere. Patients allowed to remain in the practice will be designated a "cash only" account and will be required to pay for all services at the time of service. Credit will not be extended with the exception of emergency services.

**WORKER'S COMPENSATION**

Inspire ENT & Pulmonology provides medical services for work-related injuries. An accident report and authorization from the employer is required. Patient will not be billed for authorized services. Inspire ENT & Pulmonology will make every effort to ensure that appropriate accident reports and authorizations are obtained for work-related injuries.

**OUTSTANDING BALANCE**

Inspire ENT & Pulmonology reserves the right to utilize a third part collection agency for account balances not settled in a timely manner. Failure to keep your account current may result in dismissal from the practice.

**COLLECTIONS**

Statements are mailed monthly. Full payment is expected by the date indicated. Accounts with patient balances over 30 days old are considered past due. We will make reasonable attempts to notify patients when their account has reached a past due status. If no payment attempts have been made by the patient, they will in turn be responsible for all reasonable collection charges and attorney fees incurred by Inspire ENT & Pulmonology. A collection charge of \$12 results from the costs associated with the third-party recovery. The patient is responsible for any attorney fees if their services are required to settle the payment owed.