



Ottawa Shores E.N.T. Associates, P.C.
1445 Sheldon, Suite 304 Grand Haven, MI 49417
616-935-6966 phone 616-935-6967 fax

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 this treatment and care.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

Office Visits and Office Services

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies please ask to speak with a billing specialist.

If You Have... You Are Responsible For... Our Staff Will...

<p>Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."</p>	<p>Payment of the patient responsibility for all office visits, x-ray, injection, and other charges at the time of office visit.</p>	<p>Call your insurance company ahead of time to determine deductibles and coinsurance.</p> <p>File an insurance claim as a courtesy to you.</p>
<p>HMO & PPO plans with which we have a contract</p>	<p><u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the office visit.</p> <p><u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.</p>	<p>Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you.</p> <p>File an insurance claim on your behalf.</p>
<p>HMO with which we are not contracted.</p>	<p>Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.</p>	<p>Provide the necessary information for you to complete and file your claim directly with the insurance company.</p>
<p>Medicare</p>	<p>If you have Regular Medicare, and have not met your \$ 100 deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p>	<p>File the claim on your behalf, as well as any claims to your secondary insurance.</p>
<p>No Insurance</p>	<p>Payment in full at the time of the visit.</p>	<p>Work with you to settle your account. Please ask to speak with our staff if you need assistance.</p>

How May I Pay?

We accept payment by cash or check.

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

Surgery

If your physician recommends surgery, you will be escorted to his Surgery Coordinator. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

I understand that I am responsible for the terms and conditions of my individual insurance plan. Due to the vast number of different insurance policies Ottawa Shores E.N.T. Associates, P.C. personnel will try to stay within my managed care guidelines, but suggest that I verify referral information and coverage with my carrier prior to any continued treatment.

I authorize my insurance benefits be paid directly to Ottawa Shores E.N.T. Associates, P.C.

I authorize Ottawa Shores E.N.T. Associates, P.C. to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.

Date

Signature

Printed Name

(The following does not apply to patients with health care insurance.)

I have no health care insurance and I understand that I am personally responsible for any medical services rendered by Ottawa Shores E.N.T. Associates, P.C.

Signature of Patient or Responsible Party