



Thank you for choosing Wake Ear Nose and Throat Specialist for your medical care. We are dedicated to providing the highest quality medical care and long term follow up for all our patients. Our staff is dedicated to educating our patients both clinically and financially during their time with our practice. Please read and sign the following policy. If you have any questions, please request to speak to our financial advisor. We are happy to discuss any concerns you may have.

- 1) **We require a current copy of your insurance card at check-in or your will be considered a self pay until proof of insurance is received.** It is your responsibility to alert our front desk staff when you have a change in insurance. If we are a participating provider with your insurance company, you are responsible for all co-pays, co-insurance, deductible amount and any non-covered service.
- 2) **All co-pays and balances are due at time of service.** If you do not have your copay or balance due, you will need to reschedule your appointment. We accept Cash, Visa, MasterCard, Discover and American Express.
- 3) All balances are due and payable upon receipt of your statement. If after 60 days no payment has been made, your account will be referred to a collection agency.
- 4) Any medical records releases and FMLA paper work requested will be subjected to a processing fee. The fee for medical records is \$10.00 and the FMLA is \$25.00.
- 5) Any return check by the bank for "NSF" or "Closed Account" will be charged \$25 service fee, in addition to the amount of the returned check. We reserve the right not to accept personal checks from you in the future when your account has a "return check fee" charge.
- 6) Self pay patients must pay in full at the time services are rendered.
- 7) Surgery estimate and any balances due will be collected prior to scheduling surgery. The estimate will only include our charge. Charges from the hospital will be filed separate. Also please validate your surgery dates as there is a \$100.00 cancellation/rescheduling charge, if cancelled within 14 days prior to surgery.
- 8) If you have an insurance policy that requires referrals, please have your primary care physicians fax our office prior to your appointment date. It is ultimately your responsibility your responsibility to make sure the authorization is correct and has arrived or you will be responsible for payment.
- 9) There is a \$50.00 charge for all no show or appointments cancelled in less than 24 hours of appointment date.

Authorization:

I agree to be responsible for payment of all my medical expenses regardless of insurance coverage. I authorize my insurance company, attorney or other parties to provide any payment information regarding my bill and make payment directly to Wake ENT Specialist. I agree to pay all cost incurred if my account should become delinquent, including attorney and collection fees. I have read, understand and agree to this financial policy. I authorize the physician in charge to administer medical care as necessary and allow release of any part of my medical record to any party involved in my treatment.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Witness (office use only)

\_\_\_\_\_  
Date