

SPOKANE VALLEY EAR, NOSE & THROAT AND FACIAL PLASTICS

FINANCIAL POLICY

Thank you for choosing Spokane Valley Ear, Nose & Throat and Facial Plastics for your healthcare needs. The following information is being provided to assist you in understanding our financial policies. If you have any questions, always feel free to contact our billing office at (509) 928-6044 and we will be happy to help you.

ACCOUNT RESPONSIBILITY You are responsible for all charges incurred on your account. It is your responsibility to make sure that the information we have is current and accurate and to know what your insurance contract benefits will cover and pay.

INSURANCE BILLING If you have medical insurance, we will be happy to bill your insurance carrier for you and bill your secondary insurance. It is impossible for us to know what your specific plan covers, so please check with your insurance company in advance for procedures and surgeries. **OFFICE VISITS AND PROCEDURES PERFORMED IN THE OFFICE ARE CONSIDERED SEPARATE BY MOST INSURANCE COMPANIES AND MAY GO TOWARD YOUR DEDUCTIBLE.** You will also need to check amounts of copays, deductibles and if referrals are required. **Insurance cards, DSHS Provider One cards and copays are always due at the time of service.** If these are not presented, we may have to reschedule your appointment. Any unpaid balance after insurance pays is the patient's responsibility.

SURGERY POLICY If you are having surgery and/or a procedure in the office or at a facility, we will check with your insurance for authorization needed and for co-insurance/deductible amounts. Our billing department will notify you before surgery if we need to collect a co-ins/deductible amount prior to your surgery. If you are not able to pay the co-insurance/deductible estimate before surgery, we will be happy to reschedule your surgery to a more convenient time.

PAYMENT TERMS *Balances are due in full within 30 days of receiving statement,* unless arrangements have been made. All delinquent accounts will be turned over to our Collection Agency after 90 days.

NO INSURANCE If you have no insurance, payment in full is expected at time of service, unless arrangements have been made prior to your visit.

PAYMENT METHODS We accept cash, personal checks, Visa, Mastercard, American Express, and Discover.

NSF CHECKS A \$35.00 service charge will be assessed on all NSF checks.

LAB CHARGES All blood work, cultures and biopsies will be charged by an independent lab.

I have read and understand each of the above items.

SIGNATURE: _____ **DATE:** _____