



FINANCIAL POLICY

Insurance

Insurance is a contract between you and your insurance company. It is your responsibility to understand your benefits and coverage before receiving any care from our office. It is also your responsibility to pay any deductible, co-insurance, or any other balance not paid by your insurance. Managed care plans, Health Maintenance Organizations (HMO), or Preferred Provider Options (PPO) benefits vary from plan to plan. Insurance companies may deny payment or reduce benefits if medical care is obtained outside of the plan's covered benefits.

*Please check with your insurance carrier or employer for clarification of coverage or need for a referral *before* your appointment.*

Payment Policy

Payment for services provided to you is ultimately your responsibility. Charges not covered by your insurance company are payable in full within 30 days of receiving the bill. Co-payments and non-covered services are to be paid at the time of service. **Waiver of co-pays may constitute fraud under State and Federal law.**

Patients with delinquent accounts will be required to make a \$100 payment towards their balance at the time of service. Patients with an outstanding balance of \$1000 or greater will be asked to pay 10% of their balance. If you are unable to make mutually agreeable payment arrangements, we will be glad to reschedule your appointment.

Self-pay

Patients without insurance coverage, patients covered by insurance plans in which the clinic does not participate or patients without an insurance card on file with us. **Deposits of \$200 for New Patients and \$100 for Established Patients** are due at the time of check-in. Two options are available for payment of the balance: 1) A 15% discount is available if you pay in full at the time of service; or 2) We can send you a statement. Prior to any additional services being rendered, self-pay patients are required to pay in full. It is never our intention to cause financial hardship on our patients, only to provide them with the best care possible with the least amount of stress. We are willing to work with you on a payment arrangement for the balance of your account if necessary.

Signature _____ Date: _____

Sublingual allergy drops require payment in full prior to drops being mixed. We do not bill your insurance for the fees associated with sublingual immunotherapy (allergy drops).

Non-covered services require payment in full *prior* to services being rendered.

Payment Methods

For your convenience, we accept cash, checks, credit cards, and debit cards. Although some payment arrangements may be available, you are urged to use your own bank or credit union to finance extended payments.

Returned Checks

There is a fee of \$25.00 for checks returned by the bank for non-sufficient funds.

No Show Policy

Please cancel your appointment with at least a 24 hours' notice: There is a waiting list to see the clinician's at DeFatta ENT & Facial Plastic Surgery and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.

New Patients

If you "No-Show/Missed" your 1st appointment you will receive a phone call warning that you have broken our "No-Show" policy. DeFatta ENT & Facial Plastic Surgery will assist you to reschedule this appointment if need.

If you "No-Show/Missed" your rescheduled appointment, this will result in a dismissal from the practice.

***You will be notified by letter of the dismissal.**

Established Patients

If less than a 24-hour cancellation is give this will be documented as a "No-Show" appointment.

If you do not present to the office for your appointment, this will be documented as a "No-Show" appointment.

After the first "No-Show/Missed" appointment, you will receive a phone call and/or letter warning that you have broken our "No-Show" policy. DeFatta ENT & Facial Plastic Surgery will assist you to reschedule this appointment if need.

If you have 2 "Now-Show/Missed" appointments within a one-year time period, you will receive a warning letter from our office and will be assessed a \$25.00 no show fee.

If you have 3 "No-Show/Missed" appointments within a one-year time, you will receive a second \$25.00 no show fee assessment. Dismissal from the practice will be considered. ***You will be notified by letter if the dismissal was approved.**

Assistance Paying Your Bill

DeFatta ENT & Facial Plastic Surgery realizes that medical costs can be an unexpected expense. We will work with you to create reasonable payment plans if you are unable to pay your bill all at once. It is important that you let us know as soon as possible if you will have difficulty paying your bill.

Non-covered Services

I realize that if I have services rendered that are not covered by my insurance, I will be responsible for the payment of the service and all associated charges incurred by me or by my dependent(s).