



Alamance Ear Nose & Throat LLP Financial Policy, Payment Agreement Refund and Dispute Policy

It is the policy of Alamance Ear Nose & Throat, that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their deductible, copay and/or coinsurance payment at each visit. At the conclusion of your visits with us you may be billed for any outstanding balances

If you are covered by health insurance, we will be happy to bill your insurance. Please provide your insurance information to the front office staff and we will verify your coverage as a courtesy. Accepting your insurance does not place financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan. Charges not paid by your insurance company within 90 days will become due and payable by you. If you do not provide current insurance information you will be treated as a self-pay patient.

- Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not 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 is not a guarantee of payment.
- If your insurance plan requires a referral or authorization from your primary care physician, we will need to receive the authorization **before** you see our providers. If we do not have the authorization or referral here at the time of your appointment, we will allow you to call your primary care physician or insurance company to get the required authorization. If authorization cannot be obtained, you may sign a medical waiver and pay us as a self-pay patient or reschedule your appointment. **Authorizations and referrals are your responsibility.**
- In the event your insurance company determines a service to be "not covered" you will be responsible for the payment. We try to inform you when services may not be covered; however, it is your responsibility to understand your health insurance limitations.
- We highly recommend you also contact your insurance carrier and check your coverage. Do not assume that you will not owe anything if you have more than one insurance policy.

If you are a self-pay patient, payment is expected in full at the time of service. Any financial arrangements must be made before seeing the physician. We accept the following forms of payment: cash, check, American Express, MasterCard, VISA, and Discover.

Children - Parents, a designated family member or legal guardian are responsible for payment rendered for minor's visit. The responsibility for payments of services rendered to children whose parents are divorced rests with the parent seeking treatment. Any court ordered responsibility judgement must be determined by the individuals involved and cannot be considered by this office. **For patients under 18 years old, a parent or legal guardian must attend the first visit**

Surgical Procedures – may require a deposit, including deductibles, co-payments and coinsurance and must be paid one week prior to surgery.

Medicaid – In order for us to accept and file Medicaid we must have a current Medicaid Card on file for **each visit.** Carolina Access requires a referral from your primary care physician. Without this information, you will be considered self-pay and will pay at the time services are rendered.

Workers' Compensation – We will bill services that have been **pre-authorized** by your employer or Workers' compensation carrier.

No Show Fees - We understand that sometimes appointments must either be cancelled or rescheduled. Because we provide specialized services, we ask that you provide at least a 24 hour prior notice for cancellations or it will result in a no show fee as follows:

1. VNG/ENG, CT or Allergy Testing - \$50.00 no show fee
2. Office visit or PT visit - \$25 no show fee

