

# **SOUTHDALE OTOLARYNGOLOGY, PA**

## **Financial Policy**

We are pleased to have you as our patient, and we are committed to providing you with our best professional care. Your clear understanding of our Financial Policy is important to our relationship.

### **CHILDREN**

Often the person responsible for the children's doctor bills is unclear. In our office, the parent who brings the child in and requests treatment, is the parent who is responsible for all fees incurred. Therefore, if you brought the child in today, we ask that you provide us with your home address and phone number for billing purposes.

### **CASH PATIENT**

If you have no insurance or have an insurance that you prefer to bill, we require payment in full at the time of service. We accept cash, check and/or VISA/Mastercard.

### **PARTICIPATING PROVIDER PLANS / HMO PLANS**

We will file claims for patients whose insurance companies are contracted with us. However, co-pays are due at the time of service. Due to all the various HMO and PPO insurance plans now in effect, it is a complicated process to remain familiar with the various plans. We require that all patients seek out all information needed from their insurance company, including referrals, and that patients assume responsibility for providing this information to our office.

### **COMMERCIAL / PRIVATE INSURANCE**

It is our office policy to bill your insurance carrier as a courtesy to you. You are ultimately responsible to see that the account is paid in full. In order for our office to bill your insurance carrier, you will need to supply our office with all the requested information and a current copy of your insurance card. Your insurance policy is an agreement between you and your insurance company. You are responsible for the charges.

### **MEDICARE**

We are Medicare providers, and do accept assignment from Medicare. There may be a balance due from the patient after Medicare pays. If you have a secondary insurance, we will submit this for you. You will receive a statement showing any balance due by you.

### **MEDICAL ASSISTANCE – MINNESOTACARE – UCARE**

Special procedures are necessary for handling these claims. All UCARE, medical assistance, and MinnesotaCare patients must show a valid card each time before seeing a doctor. We will also verify eligibility prior to your being seen by the doctor. If ineligible or you did not provide us with an ID card, your appointment will either be rescheduled or cancelled, as we are required to verify current coverage.

### **WORKERS COMPENSATION**

Workers Compensation patients must provide the following before being seen by a doctor:

Claim Number	Insurance Company name and address
Date of Injury	Employer's name and address.

If your claim is denied, then you will be responsible for payment. If your claim is in litigation, you are responsible for payment. According to the State of Minnesota Department of Labor and Industry, we have the authority to bill the patient directly for any denied claims. Upon denial, please provide us with your private insurance information, or you may pay in full.

### **COLLECTIONS**

We accept cash, check and/or VISA/Mastercard. If you need to make a payment arrangement due to financial hardship, our Business Office requires patients to call to make mutually satisfactory payment arrangements.

**I have read and I understand the above policy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_