



Financial Policy for Grand Island Ear, Nose and Throat Clinic

As a patient of **The Grand Island Ear, Nose and Throat Clinic**, you are required to sign a financial responsibility and authorization for treatment form that will be a permanent part of your file.

Forms of Payment: We accept cash, checks, Visa, MasterCard, American Express, and Discover. **WE DO NOT PARTICIPATE WITH CARE CREDIT.**

A returned check fee of \$35.00 per check returned from your bank for non-payment or insufficient funds is assessed to the patient's account.

Copayments: Your insurance **REQUIRES** that we collect your designated co-pay **at the time of service**. Please be prepared to pay the co-pay at the time of each visit.

Outstanding Balances: All outstanding balances are the responsibility of the patient (after we have received payment from your insurance company). If you are unable to pay your balance in full, please contact our billing office (308-384-5700) to arrange a payment plan. Our office does not assign interest or late fees to accounts, and we expect accounts to be paid for in full within 2 years.

Payment schedule below:

\$0.00-500.00	Needs to be paid within 6 months
\$500.00-1500	Needs to be paid within 12 months
\$1500-2500	Needs to be paid within 18 months
\$2500 & above	Needs to be paid within 24 months

Estimated Surgical Deposits: Should you require surgery, you are responsible for all fees incurred. These fees can include co-payments, co-insurance, deductibles, and any out-of-pocket expenses for our surgeon's fee, which your insurance company makes you responsible for. You may be required to make a partial or full deposit for the physician fee **PRIOR TO YOUR SURGERY and your account balance must be in good standing**. Our surgery coordinator will contact you with information pertaining to the amount you will be responsible for. Please be aware that our surgeons' fees are separate from the hospital or surgery center, anesthesiologist, and pathology.

FAILURE TO PAY THESE FEES CAN RESULT IN RESCHEDULING OR CANCELLATION OF YOUR SURGERY.

Insurance: **We are not an AMBETTER Provider.** Our office accepts most insurance and we will submit a claim to your insurance company on your behalf. Some services may not be covered, and you will be responsible for 100% of those charges. If you decide to see one of our physicians that does not participate in your insurance plan, you will be responsible for all fees and charges. **It is the patient's responsibility to check if our physicians are in network with their insurance company.**

Referrals: If your insurance company requires a referral from your primary care physician, it is your responsibility to obtain the referral prior to your appointment and have those papers with you at the time of your appointment.

Workers Compensation: Patients will be financially responsible for services related to accidents/workers comp which are denied. Please have injury/accident information available at your appointment, such as Date of Injury, claim number, Insurance Company address, phone number and contact person.

Patient Signature/Responsible Party

Date