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Otolaryngology, Head & Neck Surgery

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FINANCIAL POLICIES AND OBLIGATIONS OF PATIENT

First State ENT Association Inc is doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our payment policy.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE: Payment is required at the time of services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayment for participating insurance companies. First State ENT Association Inc accept cash, personal checks, VISA, MASTERCARD, AMERX, DISCOVER. There is a service charge of \$30 for returned checks.

It is our office policy to have all patient balances settles within 30 days of service. However, patients with an outstanding balance (60 days or more overdue) must make arrangements for payment prior to scheduling appointments.

We realize that families from time to time experience financial difficulties. If you require assistance, we may be able to develop a workable payment plan. Otherwise, without such arrangements, patient accounts are subject to collection activity with our agency, United Medical.

INSURANCE: It is the patient's responsibility to determine whether a referral is needed for services. The patient should verify with his/her insurance carrier prior to the appointment in order to verify the necessity of a referral. It is the patient's responsibility to provide the practice with current insurance information and to present the insurance card and identification at each visit. **The patient is expected to pay his/her deductible and copayment at the time of service.**

If we do not participate with your insurance company, you will be expected to make a payment in full at the time of service.

First State ENT Association Inc is hereby authorized to file a claim on behalf of the patient with the patient's insurance company of record, and is authorized to release medical information to the insurance company to support the direct payment to First State ENT Association Inc for any amounts due associated with the insurance claim for services rendered.

The practice will submit claims to secondary insurance if they have complete insurance information. If the practice has not received payment from the patient's insurance company within 45 days of the date of service, or if the insurance company denies payment, then the patient accepts full responsibility for payment for services rendered.

Please verify with your insurance where you are allowed to go for outside services such as labs, ultrasounds, CT Scans, and MRIs.

You are responsible to be sure all charges are paid, whether by you or by your insurance carrier. If you choose not to pay your co-pay or coinsurance at the time of service, we will assess a \$10 billing charge to your account.

SELF-PAY PATIENTS: Patient with no insurance will be expected to pay at least \$200 at the time of service. This may change, if there are additional in office procedures required for further evaluation. If you will not be able to pay in full, you need to contact our office prior to seeing our physicians to make payment arrangements.

Major INSURANCE COMPANIES with whom *First State ENT Association Inc* PARTICIPATES:

- Amerihealth
- Blue Cross/Blue Shield – Delaware
- Keystone Health Plan East
- Medicaid
- Medicare
- Bravo
- Cigna
- Coventry
- Health Options
- IBC
- United healthcare
- Aetna (Maryland) & DE soon

(Note: above listed insurances are subject to change, please Inquire with the front desk staff to confirm which insurance companies we participate with and also confirm with your insurance)

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Any patient arriving fifteen minutes after their appointment time may be asked to reschedule.

Broken appointments represent a cost to us, to you, and to other patient who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge a \$50.00 for missed or late-canceled appointments. Excessive abuse of schedule appointments may result in discharge from the practice.

Our practice firmly believes that a good physician/patient relationship is based upon a clear understanding and good communications. If you have any questions regarding our financial arrangements, please feel free to contact our office at (302) 266-2449.

I have willingly requested treatment by the physicians and staff of First State ENT. Such treatment is to include imaging, injections, and such other office procedures as they deem necessary.

I have read and understand First State ENT Association Inc Financial Policy. I agree to assign insurance benefits to First State ENT Association whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the collection agency for costs of collections.

Name

Signature of insured or authorized representative:

Date: