

MID-MICHIGAN EAR, NOSE AND THROAT OFFICE POLICIES (MMENT)

WELCOME TO OUR OFFICE. WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO EXPLAIN OUR OFFICE POLICIES TO YOU.

- WE WILL BILL ALL SERVICES TO PARTICIPATING CARRIERS FOR YOU. CO-PAYMENTS, DEDUCTIBLES AND SERVICES THAT ARE NOT COVERED ARE YOUR RESPONSIBILITY, AND ARE DUE AT THE TIME OF SERVICE.
- IF YOU HAVE AN INSURANCE THAT WE DO NOT PARTICIPATE WITH WE WILL BILL THIS AS A COURTESY FOR YOU, HOWEVER THE SERVICES MUST BE PAID BY YOU AT THE TIME OF APPOINTMENT WITH REIMBURSEMENT TO YOU BEING MADE DIRECTLY FROM YOUR INSURANCE CARRIER.
- PRIVATE PAY AND OLD BALANCES ARE EXPECTED TO BE PAID AT THE TIME OF YOUR VISIT. PAYMENT ARRANGEMENTS ARE TO BE MADE IN ADVANCE TO YOUR APPOINTMENT WITH OUR BILLING OFFICE. *OFC VISITS \$55.00-\$150.00 CONSULTATIONS. \$75.00-\$290.00.*
- REGARDING HMO INSURANCES: IT IS YOUR RESPONSIBILITY TO KNOW THE REQUIREMENTS OF YOUR INSURANCE AND TO HAVE AN AUTHORIZATION FROM YOUR PCP AT THE TIME OF YOUR VISIT IF NEEDED. IF THIS HAS NOT BEEN DONE YOU MAY BE ASKED TO RESCHEDULE YOUR APPOINTMENT OR TO PAY FOR YOUR OFFICE CALL ON THE DAY OF VISIT.
- YOU WILL BE HELD RESPONSIBLE FOR ANY CHARGES THAT MAY EXCEED OR ARE NOT COVERED BY YOUR INSURANCE. YOUR SIGNATURE PROVIDES AUTHORIZATION FOR MMENT TO BILL YOUR INSURANCE CARRIER.

WE ALSO ABIDE BY HIPPA PRIVACY PRACTICE LAWS AND WILL PROVIDE YOU WITH THAT INFORMATION. INITIAL HERE THAT YOU HAVE BEEN MADE AWARE OF THE HIPPA POLICY AND A COPY WAS MADE AVAILABLE TO YOU.

INITIALS _____

IF YOU HAVE ANY QUESTIONS PLEASE FREE TO ASK OUR FRONT DESK.

SIGNATURE OF RESPONSIBLE PARTY:

DATE _____

*****WE APPRECIATE YOUR PATIENCE. AS YOU WAIT REMEMBER YOU WILL BE GIVEN THE DOCTORS UNDIVIDED ATTENTION FOR YOUR VISIT*****