

Adult & Pediatric Otolaryngology
Head & Neck Surgery
Facial Plastic Surgery
Endoscopic Sinus Surgery
Neurotology
Skull Base Surgery
Reconstructive Surgery
LASER Surgery
Nasal Allergy
Clinical Audiology
Hearing Aid Dispensing
Voice Care



The Ear, Nose, Throat & Plastic Surgery Associates

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Allergy Department

FINANCIAL AGREEMENT

PATIENT RESPONSIBILITY

All patients are responsible for knowing the requirements of their insurance plans, including which labs and radiology facilities they may use, what services are covered, etc. Our staff will assist our patients, but we cannot be responsible for knowing or interpreting the benefits of each individual policy.

Due to the fact that a contract exists between my insurance company and myself, I understand that it is my responsibility to communicate with my insurance company in the event of unfavorable payment of my claim.

If my insurance company determines that my condition is pre-existing, I understand that my insurance company will not pay my claim and I am responsible.

I understand my balance still remaining after payment from the insurance carrier is my responsibility and that payment of this balance is due **IN FULL** within 30 days from the date of notice. Further, if my insurance carrier has not made payment within 60 days from the date of filing, I share the responsibility with the provider's office in investigating the status of the claim and I am responsible for my portion of the charges.

Allergy patients are required to pay all co-pays, deductibles and coinsurance amounts at the time the service is rendered, therefore, allergy patients will not receive monthly statements.

DATE

SIGNATURE OF PATIENT OR
PARENT/GUARDIAN IF PATIENT
IS A MINOR

7/14/16

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