

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

www.entorlando.com

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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

8/24/17

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