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St. Joseph's Ear, Nose & Throat Clinic

The following information is being provided to assist you in understanding our financial policies and be satisfied that they are reasonable, equitable, and comparable to those in the community. We understand medical expenses can stretch your family budget and we will work with you to estimate the cost of care.

ACCOUNT RESPONSIBILITY

Even if you have insurance, **you are ultimately responsible** for all charges incurred on your account. It is **your responsibility** to understand your insurance benefits, and make sure that the information we have is current and accurate.

INSURANCE BILLING

We accept and are contracted with most major insurance carriers. If you have questions concerning your insurance benefits please call the toll free number on your card. We file all insurance claims through our billing service, Medical Practice Management Services. If we are not contracted with your insurance company, payment for your exam will be expected at the time of service.

It is impossible for us to know what each individual patient's specific plan covers, so please check with your insurance company in advance for in-office procedures and surgeries. Many ENT problems require examination of difficult to access anatomy, such as the sinuses and voice box. Use of a specialized instrument such as a microscope or telescope may be needed. These specialized exams and other procedures performed in the clinic are **CONSIDERED TO BE SEPARATE SERVICES BY MOST INSURANCE COMPANIES. THE ENTIRE COST OF THESE PROCEDURES MAY BE APPLIED TO YOUR DEDUCTIBLE.** You will also need to check for the amount of co-payment, co-insurance, deductible and if referrals are required.

Please bring all insurance cards so that your claims can be filed with the correct carrier. Please also bring your co-payment. If you have been in an industrial injury or auto accident, please bring the claim number. If these are not present, we may have to reschedule your appointment.

SELF-PAY

If you do not have insurance coverage, we require that you pay at the time of your appointment.

PAYMENT TERMS

Balances are due in full within **30 days** of receiving statement. We do not carry balances; therefore you will need to make arrangements to pay your account by one of the payment methods noted below. All delinquent accounts will be turned over to our Collection Agency.

PAYMENT METHODS

We accept cash, personal checks and Visa, MasterCard, American Express and Discover credit cards. We also use CareCredit financing, if a payment plan is desired. Please ask the receptionist for details regarding CareCredit.

NSF CHECKS

A \$35.00 service charge will be assessed on all NSF checks.

LAB CHARGES

All cultures, lab tests, and biopsies will be performed by an independent lab. You will receive separate billing from the lab.

NO SHOW POLICY

If you need to cancel your appointment, please do so within 24 hours of the scheduled visit. This courtesy allows us to schedule another patient who is also in need of medical care. There is a \$25 charge for no-show appointments. Additional appointments will not be rescheduled until the no-show charge is paid.

If you have questions, always feel free to contact our billing office at (208)292-0968 or office at (208)777-1320. I have read and understand each of the above items.

Patient's Name

Date