



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 on your behalf. If we are not contracted with your insurance company, payment for 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, please have claim number to be able to complete the scheduling of your appointment.*

**SELF-PAY**

If you do not have insurance coverage, we require that you pay at the time of your appointment. *At this time, we do not bill for auto accident claims. The patient will be considered self-pay and will be able to submit their own claim.*

**PAYMENT TERMS**

Balances are due in full within **30 days** of receiving the 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.

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.

**ALLERGY TESTING DEPOSITS | SURGERY DEPOSITS**

For most commercial insurance plans, a 50% deposit will be required to schedule surgery: subject to deductible/out-of-pocket maximums. For most commercial insurances, a *\$250 deposit for Allergy Testing is required at time of scheduling regardless of deductible/out-of-pocket maximums.*

If you have questions, always feel free to contact our billing office at (208)777-1320 ext 415.

**PATIENT ACKNOWLEDGEMENT**

I have read and understand the Financial Policy stated above. I understand that failure to comply with this policy may affect my ability to continue receiving care at this practice.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature (Responsible party): \_\_\_\_\_

Date: \_\_\_\_\_