Ear, Nose & Throat • Facial Plastic Surgery • Allergy 821 Medical Court • Inverness, FL 34452 • (352) 726-3131

FINANCIAL POLICY

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. Please take a moment to read and understand our payment policy.

ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. We accept cash, personal checks, Visa and MasterCard. Returned checks are subject to a service charge of \$25.00 and you will lose your privilege to write checks in our office.

INSURANCE

We are participating providers for Medicare, Most Blue Cross PPO Plans, Aetna, and most Champus policies. The only HMO plans we generally accept are provided by Blue Cross and Aetna. It is YOUR responsibility to be sure that the provider is currently a "participating" provider for your plan. We will bill your primary insurance company electronically. If your primary insurance does not automatically pass the bill to your secondary, you will be responsible for the balance. We will provide a receipt with information for you to file with your secondary insurance. Any balance left after your insurances render their decision is your responsi**bility**. You will be billed accordingly.

Please Initial

Please Initial

MISSED APPOINTMENTS / LATE CANCELLATIONS

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. Our policy is to charge a fee of \$50 for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Please Initial

We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You should make sure you know your individual insurance coverage, as every plan is different. Some plans require the patient to have a referral from their primary care physician. If your particular plan has a co-pay, you will be expected to pay that at the time of your appointment. If it becomes necessary to collect any sum due through an attorney or collection agency, you will be responsible to pay all reasonable costs of collection, including attorney's fees.

I have read the financial policy and any questions that I have, have been answered. I understand the policy and I agree with the terms listed above:

Patient Name (please print)

Patient Signature

Date

Responsible Party (please print) (If other than the patient)

Responsible Party Signature

Date

