
SUBURBAN EAR, NOSE & THROAT SPECIALISTS, LTD.

DRS. MEYERS, MILLER, LYGIZOS, WALNER, CASPER, BUSSELL & KENNEDY

OFFICE FINANCIAL POLICY

There are numerous insurance networks in the Chicagoland market. Our physicians are not a part of all of these networks and, therefore, they have not agreed to accept a reduced fee from all insurance companies. Many insurance companies pay a different percentage of charges based on whether or not the physician is a part of the network. It is the responsibility of the patient to know and understand the benefits of his/her particular insurance plan.

Insurance coverage is a contract between the patient and the insurance carrier; however, the office will assist in every way in order to maximize your insurance benefits. The patient will be responsible for any deductible, co-payment and non-covered benefits according to the insurance plan. By law, the insurance carrier must remit payment or deny the insurance claim within 30 days of initial notice of claim. If an insurance problem occurs, the patient may be asked to assist the office in contacting the carrier and/or in filing a complaint with the State Insurance Commissioner.

The following information is office policy concerning payment for professional services:

1. **If our physician is not contracted with your insurance plan network, the patient will be required to remit full payment at the time of the office visit.**
2. All patients will be required to establish financial arrangements for payment of their account.
3. According to each contract that we have with an insurance company, we are required to collect the co-payment at the time of service, as well as payment of co-insurance upon receipt of Explanation of Benefits.
4. Each month patients will receive a statement for services which is due and payable within 30 days. If payment is late, or if the patient has not previously made financial arrangements, then a reminder notice will be mailed to the patient indicating there is a problem with the patient's account.
5. Any questions concerning office financial policy or patient needs of assistance should be directed to the accounts receivable manager or practice manager immediately.
6. All of the physicians accept Medicare assignment. (The difference between the Medicare approved amount and the amount we billed Medicare is adjusted off of your account.) However, **there is a \$135 calendar year deductible and a 20% co-insurance for all Medicare patients.** Sometimes this balance is paid by a secondary insurance.
7. If an insurance company has not settled a claim within 60 days, the patient will be notified and responsibility for the balance will transfer to the patient.
8. Accounts that have had no payment for over 120 days may be sent to an outside agency. Prompt payment is appreciated by the physicians.

I have read this policy and hereby authorize my insurance benefits to be paid directly to this physician office, realizing that I am responsible to pay non-covered services. I further authorize the release of pertinent medical information to my insurance carriers.

_____ **Patient's or Guardian's signature** **Date** _____

A photocopy of this assignment shall be considered as effective and valid as the original.