

ENT SPECIALISTS OF ARIZONA, P.C.  
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## PATIENT FINANCIAL POLICY NOTICE

Thank you for choosing ENT Specialists of Arizona, P.C. as your healthcare provider. We are dedicated to providing personalized service for each patient and we believe our financial policies support our commitment to excellence in patient care. The following financial policy is required to be read and signed before your initial visit with us.

### **INSURANCE**

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

You will be asked to update your demographic and insurance information periodically, including providing our office with copies of your insurance card (s). Our failure to obtain these updates could result in criminal and civil penalties and/or expulsion from your insurance plan. Please assist us in complying with your insurance requirements.

We will gladly submit fees for your covered medical services to your insurance company. However, we expect payment of all services within 60 days. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. It is your responsibility to understand your coverage and benefits, including precertification, referral and authorization requirements. We will, however, assist you to insure all plan requirements are met.

### **PAYMENT FOR SERVICES**

Payment for services, including co-payment and deductible amounts, is due at the time of services rendered unless payment arrangements have been made in advance by our staff. Our failure to collect these amounts may be a violation of our contract with your insurance and may result in civil and criminal penalties and/or expulsion from your insurance plan. In addition, your failure to pay the required co-amounts is a violation of your responsibility for coverage and we may report your refusal to pay these amounts to your employer and/or insurance company representative.

We accept cash, checks, MasterCard, VISA, Discover, American Express and Debit Cards. We also offer payment plans with approval from management.

There will be a fee of \$25.00 for returned checks.

### **CANCELLED APPOINTMENTS**

A charge of \$25 may result for confirmed appointments cancelled without 24 hours advance notice for failure to show for a scheduled appointment. Your cooperation in canceling your scheduled appointment well in advance of the appointment allows us the opportunity to offer your appointment to another person who needs medical care.

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Patient Signature/Guarantor

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Date