

LONG ISLAND E.N.T. FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or you financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR.

WE WILL REQUEST TO PHOTOCOPY YOUR INSURANCE CARD (S) FOR YOUR FILE.

- **COPAYMENTS-** By law we MUST collect you carrier designated co-pay at the time of service. Please be prepared to pay that co-pay at each visit.
- **NON CO-PAY PLANS-** If your plan does not require co-pay and we participate, we will accept the designated fee. You are responsible for any deductible and balance your plan indicates on the explanation of benefits.
- **REFERRALS-** If your plan requires a referral from you primary care physician it is YOUR responsibility to obtain it prior to you appointment and have it with you at the time of your visit.
- **NON-PLAN PATIENTS-** Payment is expected at the time of service unless other financial arrangements have been made prior to your visit. Your itemized receipt should be attached to your insurance form and sent to your carrier who will reimburse you directly.
- **MEDICARE-** We will submit to Medicare for the Medicare allowed amount. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to the secondary insurance if you have one.
I request that payment of authorized Medicare benefits be made either to me or on my behalf to Long Island ENT for services furnished to me by the provider. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

You are responsible for the timely payment of you account.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, AMERICAN EXPRESS, OR DISCOVER.

THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us any special concerns.

RESPONSIBLE PARTY SIGNATURE _____ DATE _____