



FINANCIAL AGREEMENT

Thank you for choosing Clarity and Hearsay ENT as your healthcare providers. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

All services we provide to you are with the understanding that you are ultimately responsible for the cost regardless of your insurance coverage. Not all services are a covered benefit with all insurance companies. Every insurance plan is different and we cannot always know what your insurance will or will not cover. Your insurance policy is a contract between you or your employer and your insurance company. We are not a party in that contract and cannot influence what services your insurance plan will or will not cover. Our office follows all billing guidelines established by Medicare and Medicaid for the state of Pennsylvania. Payment of benefits are subject to all terms, conditions, limitation and exclusions of the member's contract at time of service.

1. **Change of Insurance:** The patient is expected to present an insurance card(s) at each visit. If your insurance changes, it is your responsibility to notify our office and verify that your new insurance plan participates with Clarity ENT. Changes in insurance include new policy, new ID number, new group number, etc.
2. **Payment Policy:** All Co-payments and any past due balances are due at the time of visit regardless of who accompanies the patient to the appointment. We accept cash, checks or credit cards. Absolutely no post-dated checks will be accepted. If you receive a bill and would like to make a payment plan, this will need to be arranged with our billing specialist at (223)244-5757 prior to your next visit. Patients with high deductible plans are required to complete a Credit Card on File Agreement (please see agreement for full details) and supply their credit card information at each appointment. You are responsible to pay all of your medical bills promptly. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and/or charge a 1.50% interest fee on your account balance. If you are having financial difficulties and are unable to pay your bills, please contact our office to set up a payment plan.
3. **Returned Checks:** The charge for a returned check is \$35.00 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.
4. **Referrals:** You are responsible for knowing if your insurance requires a referral to be seen by a specialist and for obtaining such referrals from your Primary Care Provider PRIOR to your appointment.
5. **In-Office Procedures:** I understand that I am responsible for payment of all medical services rendered to me by Clarity and Hearsay ENT. Please be aware that, in order to determine the correct diagnosis, your physician may need to perform certain in-office procedures such as, but not limited to, nasal endoscopy or nasopharyngolaryngoscopy, cerumen (ear wax) removal and hearing tests, which enable that diagnosis to be made. If performed, these diagnostic procedures are billed as an additional item charge on your office visit statement. Although these procedures are purely diagnostic in nature, your particular insurance carrier may classify them as "surgical procedures." If so, the charge may be subject to the surgical deductible of your particular insurance plan. Your signature authorizes Clarity ENT and Hearsay ENT Docs to bill your insurance company directly for covered services, and you agree that you are responsible for any deductibles, copayments, or non-covered services.
6. **Global Periods:** A Global Period refers to a specific time frame after a surgical procedure during which certain related services are included in the cost of the surgery and are not typically billed separately. Global Periods vary depending on the type of surgery and not all surgeries have a Global Period. Services Included are post-operative visits, dressing changes, suturing removal and medications and supplies related to the surgery. Exceptions to Global Periods are services that are unrelated to the surgery for unrelated medical conditions, additional surgeries or procedures and complications that require additional treatment or hospitalization.
7. **Billing Questions:** Our physicians do not participate in the billing process and are therefore not knowledgeable on answering any questions regarding claims. If you have any billing questions, please feel free to contact our billing department at (223)244-5757.

If you have any questions regarding this policy, please let our staff know and we will be happy to clarify any questions you have. A copy of this policy will be provided to you.

By signing below, I acknowledge that I have read and understand the policies outlined in this document. I understand that these policies are subject to change, and that such changes may occur without prior notice.

Patient/Agent/Guardian's Signature