

# ENT & Allergy

ASSOCIATES, S.C.

EAR, NOSE & THROAT | ALLERGY & ASTHMA | HEARING CENTER

## Billing Questions – Contact us at 715-841-0385 or 1-800-897-3307 opt. 3

### Insurance Coverage

- It is your responsibility to provide us with complete and accurate insurance coverage information, as we bill your insurance as a courtesy to you.
- If accurate and complete information isn't provided before or at the time of service, you are responsible for the full balance.
- If your insurance coverage requires a co-pay, we will collect that co-pay at the time of service.
- It is your responsibility to understand your insurance benefits. We know this can be very confusing and we are here to help. We will verify benefits prior to higher cost procedures and if you need help communicating with your insurance company, we will be happy to assist you.
- Certain procedures will not be scheduled until insurance coverage has been verified, so that you are informed as to what your financial responsibility will be.
- Since you are covered under an insurance contract we are often unable to provide additional discounts.
- If you are not able to pay your balance in full, we do offer payment plans. Depending on your balance, we can make arrangements for 3 to 12 months

### No Insurance Coverage

- Any outstanding balances must be paid in full prior to scheduling.
- A \$150 pre-payment will be required at the time of scheduling, and will be applied to charges related to your visit. The remaining balance will be billed.
- We will provide you with a 20% discount off our established fees.
- If you are not able to pay your balance in full, we do offer payment plans. Depending on your balance, we can make arrangements for 3 to 12 months.
- The above discounts and payment arrangements do not apply to hearing aid sales, services or supplies.

### Collection Accounts

If we are unable to work with you to pay your balance and your payments default, we may turn your account over to a collections agency. If this happens, your balance must be paid in full before further care is provided.

### Non-Sufficient Funds (NSF)

**Check Policy – By using a check for payment, you agree to the following terms:** In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law. **Re\$ubmitIt**

### Guarantor Policy

The guarantor of the account is the person who is financially responsible for payment. A guarantor may or may not be the policyholder of the insurance. In accordance with HIPAA privacy regulations, patients 18 and over will be their own guarantor and receive their own billing statement. In accordance with state law, both parents are legally responsible for the cost of medical care for children under 18 years old.

### Divorce/Separated Parent Cases

In an effort to clarify how the financial responsibility works in this situation, our policy is that the parent presenting with the dependent is responsible for all charges. Any court-ordered financial arrangements must be worked out between the parents of the child.

### Wisconsin or Michigan Medical Assistance

Please notify us if you have Medical Assistance or BadgerCare plus if a statement is received for services covered.

We accept cash, check,   , and offer  (www.carecredit.com)