Crystal Community E.N.T. Financial Policy & Authorizations

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.
For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

How May I Pay?
We accept payment by cash, check, VISA, MasterCard, AMEX and Discover. **Returned checks are subject to a service charge of $25.00 - $40.00 or 5% whichever amount is greater, and you will lose the privilege to write checks in our office**.

Do I Need A Referral?
If you have an HMO plan with **which we are contracted**, you need a referral/authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, you will be rescheduled. **We DO NOT accept any Medicare Advantage HMO that we are not contracted with.**
* All uninsured patients require a referral from PCP to be seen.

Which Plans Do You Contract With?
Medicare, Aetna, BCBS of Florida, Avmed and United Healthcare. (There are some UHC plans we are not contracted with)

Office Visits and Office Services
Patients presenting to our offices with sinus, allergy, throat, hearing or voice complaints require a thorough examination of that specific area. In some cases, this can only be accomplished through the use of diagnostic tests or procedures. The tests and/or procedures are separate from the physician's office consultation and thus have a separate charge.
The following is a list of the tests/procedures that may be performed or ordered:
• Audiogram (Hearing Test) • Balance Testing • Laryngoscopy • Nasal Endoscopy • Ear cleaning
• Sinus cleaning ("debridement") after sinus surgery • Minor Surgical procedures and/or biopsies
(Your insurance company may list these procedures as surgery on your explanation of benefits.)

Surgery
If your physician recommends surgery, our Surgery Coordinator will contact you. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.
The Surgery Coordinator will request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount.

What if My Child Needs to See the Physician?
A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.
If a legal guardian or parent is unable to accompany the minor a letter giving that person authorization to make medical decisions on your behalf must be provided and notarized.

What Is My Financial Responsibility for Services?
Your financial responsibility depends on a variety of factors, explained in the table attached. Insurance is not a guarantee of payment and estimates are given prior to appointment. Many times after filing a claim your insurance carrier may apply more patient responsibility. We will make every effort to get you the best estimate.
Our office will be happy to send you a statement with your responsibility for services rendered. If payment is not received after the 3rd billing statement your account may be turned over to our collection agency. In the event it is necessary to send your account to a collection agency to collect your debt you will be responsible for any collection fees and gross up. This amount would be 33.3%-40% of the amount sent to our collection agency and/or attorney.
In the event my account is sent to a collection agency and/or attorney for collection, I understand and agree to be responsible for all costs of collection including a reasonable attorney's fee, whether or not suit is filed.

• **Please see reverse side →**

APPOINTMENT CANCELLATION / NO SHOW POLICY

Crystal Community ENT is privileged to provide medical and surgical treatment for our patients. We work diligently to maintain our high level of personalized service and strive to accommodate our patients' needs for office visits in a timely manner. This requires careful planning and coordination among many individuals in our office.

We understand that emergencies arise from time to time for our patients, just as they do for us. However, when a patient cancels an appointment without adequate notice, or simply fails to keep an appointment, we cannot use that time to serve the needs of our other patients. Therefore, we have developed this policy regarding failure to keep appointments or cancelling appointments without adequate notice. We respectfully request your understanding and agreement to our policy as it is stated below.

We will give you a reminder call 24 hours in advance of your scheduled appointment. It is very important that you confirm your appointment with us. If we do not get confirmation from you, it may become necessary to cancel your appointment for an emergent patient. Any new patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hours prior to their appointment will be required to pay a fee of $45.00 in order to schedule a new office visit. For Monday appointments, cancellations must be made by noon on the preceding Friday. This fee will have to be paid prior to your next appointment.

Any established patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hours in advance of their appointment will be charged a fee of $20.00 per occurrence.

If a patient fails to keep three appointments, or fails to give adequate notice on three occasions, the practice will have the right to dismiss that patient.

FEES

All fees charged by Crystal Community ENT pursuant to this No Show/Cancellation policy are not payable by your insurance company.

All fees are payable on or before your next office visit with your physician or within 30 days of receipt of a billing statement from our practice for that fee, whichever is earlier.

Your physician may waive your "no-show" fee for good cause shown. Please contact office manager to make a request to waive the fee.

INSURANCE & FINANCIAL AUTHORIZATIONS: I assign all medical and/or surgery benefits, to include "major medical" benefits, which I am entitled inclusive of Medicare and all other health insurance payments to Crystal Community E.N.T., PA that it is entitled. Payment is due at the time services are provided unless other options or plan(s) have been made prior to visit. I understand you do not accept assignment in the case of liability actions. I understand that I am responsible to be knowledgeable of my insurance coverage, deductible, and co-pays for any service provided to me and that I am financially responsible for payment to Crystal Community E.N.T., PA. Refunds from services charged on a credit card will be returned to the same credit card. I have read and accept the terms of this policy.

TREATMENT AUTHORIZATION: I hereby give Crystal Community ENT consent for medical treatment.

MEDICAL RECORDS AUTHORIZATION: I authorize the release of medical record information to: 1) the insurance companies in my medical record 2) any physician who has participated in my health care, and 3) to any physician to whom I may subsequently be referred.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Crystal Community ENT/Dr. Denis Grillo

I authorize Crystal Community ENT/Dr. Denis Grillo to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Patient Signature	Printed Name	Date