

Lone Star ENT Specialists, PA
Dr. Sarah Rodriguez

FINANCIAL AGREEMENT PAGE ONE
(Initial and Date After Each Paragraph)

APPOINTMENTS

24 hours notice must be provided in the event you cannot keep an appointment. Should you not provide this notice, a cancellation fee of \$15 may then be added to your account. This applies to allergy testing appointments as well as appointments with the physician. Should you "no show" to two appointments, no future appointments will be scheduled and you will be discharged from the practice.

REFERRALS

If your plan requires a referral from your primary care physician, it is YOUR RESPONSIBILITY to obtain it prior to your appointment. If you do not have your referral, you may need to reschedule your appointment or pay full price for your visit. _____

CO-PAYMENTS

By **contractual obligation**, you are required to pay copay on the date of visit and we are required **by contract** to collect it. *The copay for a specialist visit is frequently more than the copay to see a primary care physician.* The amount of the copay is often listed on your insurance card. If you refuse to pay your copay on the date of service, we will send out a bill for the amount of the copay, a \$15 charge will be added to your account and no future appointments will be made until copay and fee have been collected. _____

SELF-PAY PATIENTS

Payment is expected at the time of service. _____

MEDICARE

Dr. Rodriguez does accept Medicare Part B Assignment. **There is a yearly deductible for Medicare.** For 2010, this is \$155.00. Your supplemental insurance may or may not cover this deductible. Unless you can provide proof that your supplemental insurance policy covers the Medicare Deductible, the allowable fee will be collected at the time of service. _____

DIVORCED/SEPERATED PARENTS OF MINOR PATIENTS

The guardian who accompanies a minor child is responsible for payment of services rendered. Lone Star ENT Specialists will not be involved with separation or divorce disputes. _____

CANCELLATION OF SURGERY

If surgery is cancelled for non-urgent, non-medical reasons less than 48 hours before surgery appointment, **a fee of \$100 will be added to your account.** _____

CHECKS

Lone Star ENT Specialists does accept personal checks. **However, if your check is returned as having insufficient funds (NSF), there will be a charge to your account of \$25.00.** All checks that are not paid within 10 business days after notification will be referred for prosecution. _____

ACCOUNT BALANCES

Once an amount becomes your debt you will receive a statement of account balance from our office. You will have 14 days from the date of this statement to make arrangements with us for payment. **After 14 days, the account will be turned over to an outside collection agency. No new appointments will be made until account balances are settled.** _____

DEDUCTIBLES

Services that may apply toward your deductible will be collected for **at the time the services are provided.** Examples of services that may be applied toward your deductible include: hearing tests, allergy tests, cauterizing nosebleeds, endoscopic "scope" exams, ultrasound, removal of ear wax, biopsies, etc. _____

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FINANCIAL AGREEMENT PAGE TWO
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PATIENT RESPONSIBILITIES: Different insurance plans cover different services at different rates. Different insurance plans apply different services toward your deductible. Ultimately, it is your responsibility to be aware of the policies of your insurance plan and be prepared to pay for services not covered by your plan or fees that "count" toward your deductible. We work closely with the insurance carriers to have accurate reimbursement schedules on file and collect based on these schedules. Please be aware that although our office will contact your insurance company, information provided to us may be inaccurate or incomplete. Therefore, the information that we obtain is NEVER a guarantee of payment by your insurance company. _____

"JUST BILL MY INSURANCE"

We will not submit a bill to your insurance plan for copays or the portion of the deductible which is your responsibility. You are responsible for this amount at the time services are rendered. We make every effort to verify the accuracy of the fees with your insurance company prior to your visit. For this reason, we will not incur the administrative expenses of sending an unnecessary bill to your insurance company. _____

"I NEVER HAVE TO PAY AT OTHER DOCTOR'S OFFICES"

In order to maximize efficiency and keep costs down, our office financial policies are listed above. Other offices may have different financial policies. _____

"WHY DO I HAVE TO PRESENT MY INSURANCE CARD, DRIVER'S LICENSE, ETC?" "WHY DO YOU NEED MY SOCIAL SECURITY NUMBER, PHONE NUMBER, ADDRESS, ETC?"

Accurate information is required to bill your insurance company directly. We will not incur any excessive **administrative burden caused by not having complete and accurate information. We will also not be a party to insurance fraud. IF YOU CHOOSE NOT TO PROVIDE REQUESTED PERSONAL INFORMATION, YOU CAN PAY FULL PRICE FOR YOUR VISIT AND PERSONALLY BILL YOUR INSURANCE COMPANY.** _____

I have read, understand and agree to the above Financial Agreement. _____

I authorize my insurance benefits be paid directly to Lone Star ENT Specialists, PA. _____

I authorize Lone Star ENT Specialists, PA to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim. _____

Signature of Patient or Responsible Party

Date

Print Name

Printed Name of Patient if different from above