

Financial Policy

Becker Ear, Nose & Throat Center is committed to providing you with the best medical care possible. We will gladly discuss your proposed treatment with you and answer any questions.

We are happy to do our best to answer any questions regarding your health insurance coverage, but you must understand that your insurance contract is between you and your insurance company. We are not party to the contract and so we suggest that you speak to your carrier to get a clear understanding of their policies. Our relationship is with you and not with your insurance company.

If you have commercial Medical Insurance or Medicare, we will submit claims directly to the carrier. You must realize that not all services are covered by all insurance carriers. Each carrier determines what they will cover (pay for).

We participate in some insurance plans and not in others. If we are not participating providers in your medical insurance plan, then your medical insurance plan may pay some of the charges for care provided, but you are responsible for charges and fees not paid by the medical insurance company.

In most cases, your insurance company will cover the cost of a Hearing Test. An examination of 50 consecutive patients at the Becker ENT Center found that 90% (45/50) had complete coverage for their testing. If you would like to know for certain whether or not your hearing test will be covered, we encourage you to call your insurance company and inquire. If you have no coverage, your maximum out-of-pocket expense will be \$90.

Have we notified you whether or not we participate in your medical insurance plan?

Yes No

Payments for services, including co-payments, are due at the time care is provided. We accept cash, checks, Visa, MasterCard, and American Express. Any payment received directly by you from your insurance company for services rendered by our health care providers must be sent to our office immediately.

Returned checks may be subjected to a fee of \$25.

As always, we are committed to providing you with personalized care in a comfortable setting. Please feel free to discuss our financial policy with any member of our practice.

By signing this form you are giving us authorization to submit medical claims on your behalf to your Medical Insurance Carrier or your Medicare Carrier. You are also giving us authorization to have your Medical Insurance/Medicare Carrier release information pertaining to your benefits or your benefits payable for related services to us. Also you request that payment of authorized benefits be made on your behalf to Becker Ear, Nose & Throat Center for any service furnished by said physician and/or audiologist.

Patient Signature

Patient Name (Print)

Date

Becker ENT Center Staff

Date