

IMPORTANT PATIENT INFORMATION NOTICE
Physician Office Compliance with the Red Flag Rule

The Federal Trade Commission (FTC), in conjunction with other agencies, published the Red Flag Rules defining with a creditor and financial institution must do to implement an Identity theft program. The Red Flag Rule requires those covered, including medical practices, to identify at-risk accounts and to define, detect, and respond to Red Flags in order to prevent or mitigate identify theft. Medical identity theft happens when a person seeks health care using someone else's name or insurance information.

Fort Worth ENT is committed to protecting your identity and has developed a compliance policy that will help us protect your vital personal information. Beginning **February 1, 2010**, our staff will be asking patients and /or guardians to provide the following at each appointment:

- Photo ID (Drivers' license, Passport, Employment picture ID)
- Current insurance card
- Verification of patient demographics, including phone numbers

Please note: no one, **including minors**, will be permitted to use a Medical Flex Card, major credit card, or make a payment by check if the patients name does not match the form payment used, **UNLESS** we have a written permission from payer.

We have a form available for the person named on the card or check to complete, sign and return to our office.

Please remember that this is being instituted for your protection. Fort Worth ENT is committed to protecting our patients through the highest level quality of care and unparalleled services.

Thank you for your assistance in helping us to comply with our Identity Theft Program. If you would like a complete copy of the Red Flag Rule, please ask the receptionist and she will be happy to provide you with a copy.

AUTHORIZATION AND CONSENT FORMS

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or healthcare options. We are required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and healthcare operations. Your information will be disclosed to your insurance company and physician for billing purposes, and to required federal and state reporting agencies. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your consent.

In the event that a family member or caregiver attends your office visit and remains in the exam room at the time of my evaluation and/or treatment, I give Fort Worth ENT and its physician or employees my permission to discuss freely my condition, treatment, or diagnosis.

OFFICE POLICY

- » All patients must complete new patient paperwork before seeing the doctor. Information must be updated annually or as changes occur. Please let us know of changes in address, phone number, insurance, and/or Primary Care Physician.
- » Completion of any medical, disability, or Family Medical Leave Act (FMLA) forms will have a \$25 charge.
- » All prescription refills should be called in to the pharmacy at least five business days before the last pill is taken, to allow the office adequate time to obtain approval. All refills will be handled during normal office hours.
- » Referrals: You (the patient) are responsible for contacting your Primary Care Physician (PCP) for a referral if your plan requires one. Most PCPs require at least 48 hours' notice for referrals to be submitted.
- » We appreciate your patience in the waiting room. While we strive to maintain our clinic schedule, we often have to work-in emergency cases. In these instances, your wait may be longer than normal.
- » **IF WE ARE NOT IN CONTRACT WITH YOUR INSURANCE CARRIER, WE ARE UNABLE TO TAKE YOU AS A PATIENT.**

Thank you for your understanding of our clinic policies. We are pleased that you have chosen our office to meet your healthcare needs.

PATIENT FINANCIAL POLICY

Thank you for choosing our practice! We are committed to providing you with quality and affordable healthcare. Some of our patients have had questions regarding patient and insurance responsibility for services rendered; we have developed this financial policy. Please read it, ask us any questions you may have, and sign in the space provided.

- **Insurance.** We participate in most insurance plans. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility.
- **Referrals.** 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, we have a telephone available for you to call your primary care physician to obtain it. **If you are unable to obtain the referral at that time, you will be rescheduled.** If you choose to keep the scheduled appointment without a referral, you will be responsible for full charges to be paid that day and to also sign a waiver.
- **Co-payments and Deductible.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
- **Non-covered Services.** Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
- **Methods of Payments.** We accept payment by cash, check, VISA, MasterCard, American Express and Discover.
- **Nonpayment.** If your account is past due, you will receive a letter from us stating you have 10 days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, If this is to occur, you will not be able to be seen in the office until your balance is paid in full and all charges for future visits will be collected upfront. Until the balance is paid in full, our physicians will only be able to treat you on an emergency basis for a previously treated injury or problem.
- **Divorce:** In case of divorce or separation, the party responsible for the account is the parent authorizing treatment for a child. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.
- **Missed Appointments.** Our policy is twenty-four hours' notice on an appointment change. We understand emergencies arise. If an emergency keeps you from keeping your appointment, please contact us as soon as you know you will not be able to keep the scheduled appointment. Please help us to serve you better by keeping your regularly scheduled appointments.
- **Surgery.** If your physician recommends surgery, you will be to his Surgery Coordinator. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests.

Our Pre-cert Coordinator will complete all pre-certification/authorization if your insurance company requires it. The Pre-cert Coordinator may request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. The Pre-cert Coordinator will explain a cost estimate, which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan. **Our practice is committed to provide the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have questions or concerns.**

If You Have.....	You Are Responsible....	Our Staff will....
HMO & PPO Plans with which we have a contract	<p><u>If the services you receive are covered by the plan:</u> All applicable co-pays and deductibles are requested at the time of visit.</p> <p><u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of visit.</p>	<p>Call your insurance company ahead of time to determine copays/deductibles.</p> <p>File an insurance claim on your behalf.</p>
Commercial Insurance	<p>Payment of the patient responsibility for all office visits, procedures, injections, and other charges at the time of visit.</p>	<p>Call your insurance company ahead of time to determine copays/deductibles.</p> <p>File an insurance claim on your behalf.</p>
Medicare/More Than One Insurance Coverage	<p>Any services not covered by Medicare are requested at the time of visit.</p> <p><u>If you have Medicare as primary or secondary:</u> No payment is due upfront unless it is determined that your secondary will not pick-up copay or deductible in full.</p>	<p>File a claim on your behalf as well as any claims to your secondary insurance.</p>
No Insurance	<p>Payment in full at time of visit.</p>	<p>Provide you a receipt so you can file the claim with your carrier.</p>
Health Savings Account/ High Deductible Plans	<p>Your insurance company will be billed if you have enough funds in your health savings account.</p> <p>If you do not have enough funds in your health savings account-Payment in full is requested at time of visit.</p>	<p>Call your insurance company ahead of time to determine deductible and verify health savings account funds.</p> <p>Work with you to settle your balance. Please ask to speak with our staff if you need assistance.</p>