



## PATIENT FINANCIAL POLICY

Thank you for choosing our practice! We are committed to providing you with quality and affordable health care. 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.
- **Claims Submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; We are NOT a party to that contract.
- **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.
- **Proof of Insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- **Coverage Changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
- **Methods of Payments.** We accept payment by cash, check, VISA, Mastercard, American Express and Discover.
- **Patient Statements.** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month
- **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.
- **Returned Checks.** There is a fee of \$25 for any checks returned by the bank.
- **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 Precert Coordinator will complete all pre-certification/authorization if your insurance company requires it. The Precert Coordinator may request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. The Precert 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**

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Signature of Patient/Guardian

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Print Patient's Name

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Date

**Fort Worth Ear, Nose, & Throat  
J. Roy Lowry, D.O., Jeremy P. Watkins M.D., John B. McIntyre M.D.  
1250 8<sup>th</sup> Avenue Suite 135  
Fort Worth, TX 76104  
817-332-8848 Phone/ 817-335-2670 Fax**



If You Have.....	You Are Responsible....	Our Staff will....
<p><b>HMO &amp; PPO Plans with which we have a contract</b></p>	<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>
<p><b>Commercial Insurance</b></p>	<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>
<p><b>Medicare/More Than One Insurance Coverage</b></p>	<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/deductible in full.</p>	<p>File a claim on your behalf as well as any claims to your secondary insurance.</p>
<p><b>No Insurance</b></p>	<p>Payment in full at time of visit</p>	<p>Provide you a receipt so you can file the claim with your carrier.</p>
<p><b>Health Savings Account/ High Deductible Plans</b></p>	<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>