

We appreciate your selecting Otolaryngology Specialists of North Texas (OSNT). We want your experience with OSNT to be positive, from check-in to check-out, and beyond. We are committed to providing the best in ENT medical care, but also want to reassure you that we care greatly about your financial interests. Medical care is expensive, and the billing process can be confusing. In order to provide some clarification on the billing processes of OSNT, we present below a summary of our financial/billing policies. We strongly encourage you to speak with our practice manager about any billing questions that you might have, whether they relate to a visit, a surgery, a notification, or insurance inquiries.

How may I pay OSNT?

We gladly accept payment by check, cash, Visa, MasterCard, Discover, and we offer Care Credit (please inquire).

Do I need a referral?

Only in cases of HMO insurance plans are you required to have a referral. If you have HMO coverage, we would encourage you to phone us in advance of your appointment date to confirm that we have received your referral. If you arrive without a referral, we will allow you time to call your primary care provider to try to get one faxed to us expediently, but this might delay your appointment. If you are unable to obtain the referral, you may pay out of pocket for the visit, or reschedule the visit to a later date. If you have Medicare, we appreciate a referral from your primary care provider, but we do not require one.

Which plans are OSNT contracted with?

We contract with most carriers. To confirm that we take your insurance, please visit our website and click on "insurance plans": www.entkidsadults.com

Does OSNT charge interest on outstanding balances?

We do not charge interest.

What is my financial responsibility for services provided by OSNT?

This is dependent upon your insurance plan, and several other factors as outlined below:

- **Private Pay (i.e. Patients without any insurance coverage):** Payment at the time of service is expected/required. We do offer a discount to patients who pay for their services in full at the time services are rendered.
- **Medicare Part B:** We are participating providers with Medicare currently. We do accept a secondary policy if it is a Medigap policy and Medicare automatically forwards the claim. You will be required to pay your Medicare deductible at the time of service and any coinsurance.
- **Workers Compensation:** We DO NOT ACCEPT Worker's Compensation patients.
- **Medicaid:** We only accept traditional Medicaid when it is secondary to Medicare, or if a Medicaid patient was previously seen in the Emergency Department by the physician on call, or if the Medicaid patient was seen in the hospital as an inpatient consult.
- **Contracted Managed Plans (HMO/PPO/POS, etc.):** All applicable copay and deductibles are required at the time of the office visit. If you are scheduled for a surgical procedure, we will perform an estimate of your out-of-pocket cost, or coinsurance payment. Our surgery scheduler will contact you and inform you of these costs, and will calculate a SURGERY DEPOSIT which we will expect you to pay prior to the procedure. If the procedure is not covered by your plan, we will request payment in full.
- **Indemnity/Fee for Service:** As a courtesy to our patients, we will file a claim to their insurance provided they have met their annual deductible and pay their coinsurance at the time of service. If the patient has not met the annual deductible, we will estimate your coinsurance payment and provide this information to you. Payment is expected at the time of service, and our office will file a claim with your insurance upon request.

Procedure Charge

Please be aware that a procedure may need to be performed such as a nasal endoscopy or laryngoscopy using a scope as part of your office visit. These procedures will be billed separately and in addition to office visit charges. We have become aware that some insurance carriers are classifying these procedures as "Surgery" and applying the charges to a higher deductible amount. The result may be insurance payment for an office visit but not a procedure. In such cases, payment for the procedure will be due from the patient. Be assured that we are following accepted billing and coding guidelines and that all procedures are performed in the best interest of patient care.

Return Check Policy:

You will be charged a return check fee of \$30 to redeem the check. If the check is not paid within 10 days, it will be turned over for collection.

Collection Policy:

If after reasonable efforts are made by the Practice to collect payments for services and such efforts are unsuccessful, the Practice reserves the right to refer the patient to collections.

To assist with this process, our staff will see that:

1. All Insurance cards are scanned.
2. All Insurance cards are verified at every visit.
3. All co-payments, deductibles, coinsurance and payment for non-covered services are collected at checkout.
4. Insurance is verified prior to patients checking out.
5. Necessary referrals have been received and are current prior to the patient visit.
6. Surgery deposits are collected at the patient preoperative appointment or by 3 p.m. the day prior to surgery.

Refund Policy

In the event of an overpayment on a patient's account, as determined by the insurance carrier or as a result of patient payment, a refund check will be issued by Otolaryngology Specialists of North Texas to either the patient, or in the case of a minor patient, to the individual who signed as the financially responsible party on the financial statement for the visit for which the overpayment exists. A check in the amount of the overpayment will be mailed to the address listed on the registration form or in the case of a minor patient, to the address provided by the financially responsible party at the time of the minor patient's visit. A minor is defined as younger than 18 years of age.