Oakdale *ear, nose & throat* Clinic

Policies and Consent Form

In effort to avoid any misunderstanding, we request that you carefully read and sign the following.

Our clinic has participating contracts with several health insurance companies. As contracted providers, we will file claims for your medical services to your insurance company. If you are unsure whether your insurance is one with which we participate, please contact your insurance company to clarify any questions regarding your medical coverage.

If you have insurance coverage with a plan that we do NOT have a contract or prior agreement with, you are required to make payments regardless of any anticipated insurance reimbursement. Because we do not contract with some insurance companies, they are not obligated to make direct payment to our office. If we receive payment from both you and your insurance company, we will notify you of any refund credit balance owed to you.

If you do not have insurance, or are waiving insurance coverage for your visit(s), you are responsible for payment at the time services are rendered. Self-Pay patients qualify for a Self-Pay discount of 30% off the total charge(s) when paid in full at the time of service. (See Self-Pay Patient Policy.)

MEDICAID PATIENTS: You must have active insurance on the date of service or pay in full at that time. If you cannot pay in full, you will be asked to return when insurance is active. We do not participate in retroactive Medical Assistance insurance.

SERVICES YOU MIGHT RECEIVE: Your office visit may include diagnostic/therapeutic procedures that will assist the doctor in their evaluation of your condition. The most common of these are as follows:

- Endoscopy – a tool that allows visualization of your nasal anatomy.
- Laryngoscopy – a tool that allows visualization of your throat anatomy.
- Nasal cautery – for treatment of nosebleeds.
- Tympanometry – an audiological test used to evaluate eardrum activity.
- Ear wax removal – a thorough cleaning of impacted earwax in your ear canal.

These procedures are a routine part of the doctor's examination process and do not require written consent prior to being performed. Please be aware that your insurance company will process these procedures as a separate charge and, most often, at a benefit level beyond any copay you have for the office visit.

If you do not wish to have any of these procedures performed as part of your visit for any reason, please notify our staff prior to seeing the provider(s).

APPOINTMENT CANCELLATIONS: We request a minimum of 24 hours notice for any appointment cancellations. If you fail to provide this notice, it will be considered a No Show and you may be subject to a $75.00 cancellation fee. This fee must be paid in full before further appointments can be scheduled.

PAYMENT FOR SERVICES: Co-payments are due at the time services are rendered. Our failure to collect these amounts is a violation of our contract with your insurance company. Likewise, your failure to pay the required co-pay amounts is a violation of your financial responsibility with your insurance company. We accept cash, check, MasterCard, VISA, Discover, and American Express.

It is the policy of Oakdale Ear, Nose & Throat Clinic that all monthly statements including deductibles and coinsurances are to be paid in full upon receipt, unless our business office has authorized prior arrangements.

Accounts with balances over 30 days old will be assessed a 6% compounded annual finance charge. It is important to note that any balance over 60 days old may be placed with a collection agency and/or Credit Bureau. Therefore, if for any reason you are unable to settle your account within 30 days of the statement date, it is imperative that you contact our business office immediately.

If it becomes necessary to effect collection with any outside collection agency, you will be charged the total amount of collection fees, attorney fees, and allowable court fees. This action may also negatively affect your credit rating.

Please note: Oakdale ENT will assess a $35.00 fee for all checks that are returned with non-sufficient funds

PATIENT PAYMENT ASSISTANCE PROGRAM/HARDSHIP: Oakdale Ear, Nose & Throat Clinic offers financial assistance to those who qualify. Please see the separate Patient Payment Assistance Program/Financial Hardship application for more information.

REFERRALS: If your insurance carrier requires a referral for services, it is your responsibility to obtain this prior to receiving care.

ASSIGNMENT OF BENEFITS: I hereby authorize and direct my insurance company to pay the proceeds of any benefits due for services rendered by Oakdale Ear, Nose & Throat Clinic, directly to the provider. A copy of this form can be considered an original for insurance purposes.

RELEASE OF INFORMATION: I authorize Oakdale Ear, Nose & Throat clinic to release copies of my medical records including diagnoses and records of treatment to insurance companies, referring physicians, hospitals, or dental offices for the purpose of continuity of care or claim.

NOTICE OF PRIVACY PRACTICES: I have received the Notice of Privacy Practices.

CONSENT FOR TREATMENT: I voluntarily consent to diagnostic procedures and medical treatment by members of Oakdale Ear, Nose & Throat Clinic as necessary in my physicians' professional judgment. I am aware that the practice of medicine is not an exact science and acknowledge no guarantees can be made about the result of such treatment. For any questions or concerns regarding the above information, please contact the business office at 763-233-5750.

PATIENT ACKNOWLEDGEMENT:
I HAVE READ AND UNDERSTOOD THE POLICY AS DESCRIBED ABOVE
AND AGREE TO ABIDE BY ITS TERMS.

Patient Name (*Please print*): ______________________________ Date of Birth: ____________

Signature of Patient: ______________________________ Date: ____________

Or

Responsible Party: ______________________________ Relationship: ____________

A copy of this form is available upon request.