

Aurora ENT, LLC
FINANCIAL POLICY

Our office bills insurance as a courtesy to our patients if insurance cards are provided at the time of service. Insurance coverage is not a guarantee of payment and you are ultimately responsible for payment for these services. Our office is Not a preferred provider for any insurance. We recommend that you contact your insurance to verify your benefit coverage. Please note there are no preferred ENT providers in Alaska.

Co-pays and deductibles are required to be paid at the time of service. We accept cash, check, Visa, and MasterCard. Our office charges a \$25 fee for checks returned to us for insufficient funds.

Statements are sent monthly for any unpaid balances after your insurance has paid their portion. Any questions as to how a claim was paid should be directed to your insurance company.

In addition to office consultations procedures may be performed, if needed, at the time of service. This is an additional cost and the prices vary depending on the procedure required to evaluate and treat your condition. A nasal endoscopy and flexible fiberoptic laryngoscopy are considered procedures.

Surgery: if surgery is needed we require a \$300.00 deposit before the surgery is performed, then we can set up a payment plan if there is a remaining balance. For sinus surgery we will require a \$500.00 deposit before the surgery is scheduled. We will call to pre authorize surgery with your insurance but it is ultimately your responsibility to make sure this is done.

As part of your evaluation, additional testing may be recommended. Some of these tests may be billed from our office while others may be billed from the lab or hospital.

By my signature below, I acknowledge that I have read and understand the above statements and am willing to accept responsibility to pay for services rendered. This authorization is valid until revoked by me.

Patient Printed Name

Date

Patient/Parent/Guardian authorized Signature

Date