

Patient name: _____ Chart Number: _____

ENT SPECIALISTS OF ARIZONA, PC - FINANCIAL POLICY NOTICE

Thank you for choosing ENT Specialists of Arizona, PC as your healthcare provider. We are dedicated to providing personalized service for each patient and we believe our financial policies support our commitment to excellence in patient care. The following policies are required to be read and initialed as to your understanding and agreement before your initial visit with us today. Please feel free to request a copy of this notice for your records.

I understand that I have medical insurance which when billed on my behalf should reimburse the office for my visit(s) and procedural charges. _____

I understand that it can take up to 6 weeks for my insurance to process the claim. _____

I understand that it is my responsibility to pay all co-pays, deductibles I co-insurance and uncovered services that apply. This balance must be paid within **30** days after my insurance has paid their portion. _____

I understand that that for any reason my insurance company does not pay for the services provided within 90 days, that I shall assume full responsibility for the total amount owed. _____

I understand that I am to leave a credit card on file and that if I do not pay my bill within the 30 days after my insurance has paid then my card will be charged.*

Card Holder: _____

Card Type: _____

Card #: _____

Exp. Date: _____

*I understand that I will be given notice before my credit card has been charged. I also understand that if I refuse to leave a card on file the balance must be paid in full by day 31 from the time the insurance pays. After 60 days collection activity will begin and I will be expected to pay an additional \$25 for administrative fees.

HRA and HSA accounts will be expected to pay at the time of visit unless the insurance company has stated per verification that the patient is not expected to.

If we cannot verify your insurance information you will be expected to pay as a self-pay.

We accept cash, checks (except for self-pays), MasterCard, Visa, Discover, American Express and debit cards. There will be a \$35 fee for all returned checks. Postdated checks are not accepted.

We do not make change for anything over \$20, so please come prepared.