WAGNER
EAR NOSE & THROAT

FINANCIAL POLICY

Thank you for choosing Wagner Ear Nose & Throat for your health care needs. All patients must accept our FINANCIAL POLICY before receiving treatment. Please understand that full payment of your bill is considered a part of your treatment.

1. We accept **CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS & CARE CREDIT**.
2. **Co-payments as well as outstanding balances** are always due at the time of service, unless other arrangements have been made with the billing office. Our contractual agreement with your insurance carrier prevents us from waiving your required co-pay amount.
3. The balance of the account is **due within 15 days of the statement date** unless you have made other arrangements with the business office. We will collect all outstanding account balances prior to each visit.
4. If you have **no insurance coverage, charged fees are due at the time of the visit with a minimum payment of $250**.
5. **Routine diagnostic procedures** that are customary to our specialty and are a necessary part of your treatment may be applied toward your deductible or coinsurance depending on your individual insurance plan. It is the responsibility of the patient to know their coverage details.
6. Payment for **elective services** will be required 48 hours prior to service and will not be filed with your insurance company until after they are rendered.
7. A **$25.00 service charge** will be assessed for returned checks. If your check is returned, you will be required to pre-pay in full by cash, Visa, MasterCard, Discover, American Express or Care Credit for additional services.
8. **Call to correct any billing errors promptly.** If you ignore our billing statements or telephone calls, we can only assume that you do not intend to pay for the medical services that were provided in good faith, and your account will be forwarded to an outside collection agency.
9. **Referrals** – some insurance plans require that a referral from the primary care physician be obtained prior to being seen. It is the responsibility of the patient to obtain this referral. If a referral has not been obtained you may be responsible for a larger portion of your bill.
10. **Personal Injury** – we will not be a party to any litigation suits filed for personal injuries. We require payment in full and any payment from litigation is to be sought by you for reimbursement.
11. **Work-Related Injuries**-pre-authorizations for care is the responsibility of the patient. If the prior authorization is not obtained, you are responsible for full payment at the time of service. If your workers compensation carrier has not paid your account within 45 days of the date of service, the owed balance will become the responsibility of the patient.
12. I hereby authorize my insurance company, including Medicare Beneficiary, to make payments to Wagner ENT for medical or surgical services or items rendered to me or my dependent by Wagner ENT. Should my insurance carrier deny payment, I understand that I am financially responsible for the charges. I authorize Wagner ENT to release any and all of my records to my insurer, or any other third-party payer, legally responsible for the payment of medical expenses.

I understand and agree to the terms of this financial policy and certify that the information provided is correct and complete to the best of my knowledge. It is my responsibility to update any and all personal, insurance and health information.

Signature of Patient or Responsible Party:_____

Printed Name of Patient:_____

Date:_____