



FINANCIAL POLICY

Thank you for choosing Lake Mary Ear, Nose, Throat and Allergy. We are committed to the success of your medical treatment and care. To achieve this goal, we need your assistance and understanding of our payment policy.

We ask that all services be paid at the time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately. We accept payment by cash, money orders, cashier's check, personal checks, Discover, American Express, MasterCard or VISA. There will be a \$35 charge for all checks returned for non-sufficient funds.

MEDICARE: We are participating Medicare providers, and we will file Medicare for you. Any service routinely not covered by Medicare (i.e., Preventative/Routine Exams) we will request that the services be paid at time of service. We request payment for the 20% of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit.

WORKER'S COMPENSATION AND AUTO INSURANCE: We do not participate in the treatment of illnesses in Worker's Compensation claims. Nor do we handle the initial emergency care from automobile accidents.

We will be glad to discuss your proposed treatment and the cost of those services. However, all patients are responsible for knowing the requirements of their insurance plans, including which labs and radiology facilities they may use, and what services are covered, etc. Our staff will assist our patients, but we cannot be responsible for knowing or interpreting the benefits of each individual policy.

We must emphasize that as your physicians, our relationship and concern is with you and your health, not with your insurance company. **ALL CHARGES FOR SERVICES ARE YOUR RESPONSIBILITY AT THE TIME OF THE SERVICE.** On any balance on your account after 90 days, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact our billing office promptly for assistance in the management of your account.

If you have any questions regarding the above, or any uncertainty regarding insurance coverage or request for payment, please do not hesitate to ask. We are here to help you.

Signature

Date

Witness

Date