

South Texas ENT Consultants, PA

Patient Payment Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Patient Accounts Representative or our Business Office Manager or call (210) 614-5164.

How May I Pay?

We accept payment by cash, check*, money order, VISA, MasterCard, American Express and Discover. *We will charge a \$25.00 fee for all returned checks. (This applies to payments made at our front desk or mailed to the Billing Office.) You may also be charged a return check fee from your financial institution.

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you may be held financially responsible for the entire amount of your bill.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the "patient responsibility" portion of the bill for all office visits, x-rays, injections, and other charges at the time of your office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance.* File an insurance claim with your carrier as a courtesy to you.
HMO & PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> All applicable co-payments, deductibles and coinsurance. It is our policy to collect co-payments when you arrive for your appointment. <u>If the services you receive are not covered by the plan:</u> Payment in-full is requested at the time of the visit.	Call your insurance company ahead of time to determine co-payments, deductibles, coinsurance and non-covered services for you.* File an insurance claim on your behalf.
HMO with which we are <u>not</u> contracted.	Payment in-full for office visits, x-rays, injections, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
Point of Service Plan (POS) or Out-Of-Network PPO	Payment of the "patient responsibility" portion of bill—deductibles, co-payments, coinsurances, and non-covered services. It is our policy to collect co-payments when you arrive for your appointment.	Call your insurance company ahead of time to determine out of network benefits, co-payments, deductibles, coinsurance and non-covered services.* File an insurance claim on your behalf.

If You Have...	You Are Responsible For...	Our Staff Will...
Medicare	<p>If you have Original Medicare and have not met your annual Part-B deductible, we ask that it be paid at the time of service.</p> <p>Payment for any services not covered by Medicare is requested at the time of the visit.</p> <p><u>If you have Original Medicare as primary and also have secondary insurance or Medigap*</u>: No payment is necessary at the time of the visit. *Includes TRICARE for Life.</p> <p><u>If you have Original Medicare as primary, but no secondary insurance</u>: Payment of your 20% coinsurance (Medicare-approved amount) is requested at the time of the visit.</p> <p><u>If you have a commercial insurance as a primary and Original Medicare as a secondary insurance, and have met all applicable deductibles</u>: No payment is necessary at the time of the visit.</p>	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare Advantage (HMO & PPO plans)	All applicable co-payments, deductibles and coinsurance. It is our policy to collect co-payments when you arrive for your appointment.	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicaid	<p>No payment is necessary at the time of the visit for covered services.</p> <p>Payment in-full is requested at the time of the visit for service(s) not covered by Medicaid.</p>	File an insurance claim on your behalf.
Medicaid HMO & CHIP plans	All applicable copayments, deductibles and coinsurance. It is our policy to collect co-payments when you arrive for your appointment.	File an insurance claim on your behalf.
Worker's Compensation (Includes Out of State)	We <u>DO NOT ACCEPT</u> Worker's Compensation insurance.	
Occupational Injury	Payment in-full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
Motor Vehicle Accident (MVA)	<p><u>If you are the policyholder of the auto insurance responsible for covering medical services in connection with your MVA and you have a claim number from your auto insurance company</u>: No payment is necessary at the time of the visit.</p> <p><u>If you are not the policyholder of the auto insurance</u>: Payment in-full is requested at the time of the visit. We <u>DO NOT ACCEPT</u> "Letters of Protection".</p>	Provide you a receipt so you can file the claim with your carrier.
No Insurance	Payment in-full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

* We will provide you with an estimate of your financial responsibility. Your insurance company ultimately determines your coverage and payable benefits.

Surgery

If your physician recommends surgery, you will be escorted to a Surgery Coordinator. He/she will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

We may request a pre-surgical deposit, the amount of which will depend on the coverage and benefit limits of your health insurance plan. The Surgery Coordinator will explain the cost estimate to you, which will outline your portion of financial responsibility for the surgical procedure based on the deductibles and coinsurance levels of your insurance plan. Surgery deposits must be paid prior to the date of your surgery.

You will receive a separate bill from the facility and from other physicians who provide medical services during and after your surgery. Examples include pre-admission tests, surgery center or hospital charges, anesthesiology services and pathology services.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors to their first office visit. Minors must be accompanied by an adult for all subsequent office visits as well; we prefer that it be a parent or legal guardian but understand that this is not always possible. A non-parent adult that has been authorized in writing by a parent or legal guardian to seek routine medical care for their child is an acceptable substitute. The accompanying adult will be responsible for payment of the account, according to the policy outlined on the previous pages. *(In the event that surgical treatment is recommended for a child, a parent or legal guardian must give their written consent, in person.)*

Disability and FMLA Form Policy

Disability, FMLA, and life insurance forms, requests for letters of medical necessity and your signed authorization may be dropped-off, mailed or faxed (210) 614-8963, to our office.

Our fee to complete each form is **\$25.00**. Fees are payable by check, cash or credit card **prior** to the completion of the form by our physicians.

Please allow **5 to 10 business days** for form completion.

Please send a signed "Authorization for the Use or Release of Protected Health Information", which can be obtained from our website at southtexasent.com, if you would like the forms mailed to a third party such as an insurance company or your employer.

Completed forms may be picked-up by the patient or his/her authorized representative, or mailed/faxed directly to the patient, the disability carrier or the patient's employer.

Please understand that some disability forms are not appropriate for our physicians to complete. In the event that our physicians are unable to complete your requested form after their review, you will be notified.