ENT ASSOCIATES OF SANTA BARBARA

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Thank you for choosing ***ENT Associates of Santa Barbara*** as your health care provider. We are committed to building a successful physician relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please read our financial policy, ask us any questions you may have and sign in the space provided. A copy will be provided to you upon request.

1. ***PAYMENT***
   EFFECTIVE 03/01/2016: Payment is expected at the time of your visit. Payment will include any unmet deductible, co-insurance, co-payment amount, past-due balances or non-covered charges.
   As a courtesy, we will obtain this information from your insurance company. Due to the many different insurance products, our staff cannot guarantee your eligibility and coverage. We will accept cash, check or credit card. If your personal check is rejected by your bank for insufficient funds, the original payment due and a service fee of $45 will be due in full immediately by cash or credit card only.

2. ***INSURANCE***
   We are participating providers with most major insurance plans. As a courtesy, we will file all of these insurance claims. Please remember that insurance is a contract between the patient and the insurance company, and ultimately it is the patient's responsibility to verify insurance coverage, benefits and services. If you are unable to provide your insurance information at the time of service, then you will be required to pay for services at the time of the visit. If your insurance changes, please notify us before your next appointment so we can make the appropriate changes.

3. ***ADDITIONAL SERVICES***
   In some cases, procedures such as nasal endoscopy, office laryngoscopy and audiologic testing are applied to your deductible. This means you may receive charges for these services (if performed) in addition to your routine office charge. In most cases, the actual amount billed is predetermined by your insurance company if they have a contract with Dr. McCaffery.

4. ***YOUR PORTION OF THE CHARGES***
   You will be responsible for your share of charges as defined by your insurance policy PLUS any charges for treatments that your insurance carrier will NOT pay. If we have not received payment from your insurance company within 90 days of the date of service, you will be expected to pay the balance yourself.

5. ***IF YOUR INSURANCE COMPANY REQUESTS INFORMATION FROM YOU***
   You must respond to any information requests from your insurance carrier or your claim(s) could be denied, and you would be responsible for payment yourself.

6. ***NONPAYMENT***
   If your account is over 90 days past due, you will receive a letter stating that you have 25 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

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7. MISSED APPOINTMENTS

Our policy is to charge for missed appointments. If your appointment is not canceled within 24 hours, you will be charged a $50 fee. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointments.

8. DIVORCED PARENTS OF PATIENTS

By signing below, the adult who signs a minor child into our practice on the day of service accepts responsibility for payment. This office does not promise to send bills or records to the other parent/guardian for issues related to payment or communication. We will communicate about treatment and payment with the parent who signs in that day. It is the responsibility of parents to communicate with each other about any treatment and payment issues.

ENT Associates of Santa Barbara is committed to providing the best treatment to our patients. Thank you for your understanding of our financial policy.

I have read and understand the financial policy and agree to abide by its guidelines.

Signature of patient or responsible party	Date	Please print the name of the patient