ATX FACIAL PLASTICS

A Division of Austin Ear, Nose & Throat Clinic

FINANCIAL POLICY

We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care. The following is a statement of our Financial Policy in order to reduce confusion and misunderstanding between our patients and practice. This form cannot be modified by the Patient/Guardian. Your signature acknowledges agreement, which is required prior to services being provided.

PROOF OF INSURANCE AND IDENTITY: Please bring with you to each appointment, your current insurance cards, and a valid photo ID. It is your responsibility to notify our practice regarding insurance or address changes.

PAYMENT IS DUE AT THE TIME OF SERVICE:
- Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept VISA, MasterCard, Discover and American Express, or we can assist you in applying for health care credit financing. Unpaid balances may be turned over to a Collection Agency after 3 statements have been sent to the patient/guardian. If you have questions regarding your balance, please call our billing office at (512) 454-0472.

PATIENTS WITH OUT-OF-NETWORK INSURANCE PLAN
- If you have insurance coverage with a plan for which we do NOT have a contract or prior agreement, payment for your care and treatment is due at the time of service.

PATIENTS WITH IN-NETWORK INSURANCE PLAN
- AENTC is contracted with many insurers and health plans to accept assignment of benefits. As contracted Providers, we will send a claim to your insurance plan, and will only require you to pay the authorized co-payment, deductibles and/or coinsurance at the time of service.
- In the event that your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- If your insurance is one that we have an agreement with, but you do not present your insurance card at the time of service, you will be required to sign a waiver, charges will be entered as "self-pay", and payment in full will be expected at the time of service.
- If it is discovered that you did not present the correct insurance ID card at the time of service, you will be responsible for the charges if denied by your correct insurance.
- Some insurance plans require an official referral/authorization number or form to be seen at our clinic. If the patient presents without this authorization in place prior to services being provided, and we have not received a valid authorization in our office, you will be required to sign a Waiver Form, and full payment will be collected at the time of service.

PROMPT PAY DISCOUNTS
- Patients for whom we are not filing insurance may qualify for a Prompt Pay discount of 30% off the full charge if paid at the time of service.

MINOR PATIENTS
- We will look to the adult accompanying the minor for payment of the patient portion of the bill.
- Payment arrangements must be made in advance for unaccompanied minors.

ADDITIONAL NOTES REGARDING AENTC FINANCIAL POLICY
- In the event of default on the patient balance owed, for any reason, the patient (or guardian) will be responsible for collection agency fees, attorney fees, and court costs.
- Credit balances that may occur on your account will be applied to any other balances due by the patient prior to any refunds to the patient.
- Requests for Copies of Medical Records, completion of FMLA or other forms, are billable as Patient-Responsible fees. Please request our separate form regarding fees for copies of records/forms.

PATIENT ACKNOWLEDGEMENT

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

_____   _____
            Printed name of the patient   **Signature of Patient or Responsible Party - Date**