ENT & ALLERGY ASSOCIATES, S.C.
Ear, Nose & Throat Surgeons
Allergy & Asthma Specialists
Audiologists & Hearing Aid Services

2801 Westhill Drive
Wausau, WI 54401
715-847-2021

Patient Financial Agreement & Acknowledgement of Receipt of the Notice of Privacy Practices

Patient Name & Date of Birth (please print): _____

Thank you for choosing ENT & Allergy Associates, SC. In addition to providing you high quality medical care, we also feel it is very important to provide you with the financial information below. Our staff is here to help answer any questions you may have.

General Insurance Information

- It is your responsibility to provide us with complete and accurate insurance coverage information, as we bill your insurance as a courtesy to you.
- If accurate and complete information isn't provided before or at the time of service, you are responsible for the full balance.
- If your insurance coverage requires a co-pay, we will collect that co-pay at the time of service.
- It is your responsibility to understand your insurance benefits, however we are happy to help you with this.
- Certain procedures will not be scheduled until insurance coverage has been verified.
- If you are covered under an insurance contract, we are often unable to provide additional discounts.
- If you are not able to pay your balance in full, we do offer payment plans. Depending on your balance, we can make arrangements for 3 to 12 months.

No Insurance Coverage

- Any outstanding balances must be paid in full prior to scheduling.
- A $100 down payment will be required at the time of scheduling and will be applied to charges related to your visit.
- We will provide you with a 20% discount off our established fees.
- If you are not able to pay your balance in full, we offer payment plans. Depending on your balance, we can make arrangements for 3 to 12 months.
- **The above discounts and payment arrangements do not apply to hearing aid sales, services or supplies.**

Surgeries and Procedures

- A partial payment prior to service may be required. Our insurance department will work with you on this.
- **Endoscopy and other office procedures, when performed, are billed separately from your office visit.**

Collection Accounts

- If we are unable to work with you to pay your balance and your payments default, we will turn your account over to collections agency. If this happens, your balance must be paid in full before further care can be provided.

Non-Sufficient Funds (NSF):

- **Check Policy** - ***By using a check for payment, you agree to the following terms:*** In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.

Re$ubmitIt

Please Print name of person financially responsible for this patient (Guarantor) _____

Guarantor Signature _____ Date_____

DIVORCED / SEPARATED PARENTS:

In an effort to clarify how the financial responsibility works in this situation, our policy is that the parent presenting with the dependent is **responsible for all charges.** If the divorce decree indicates otherwise, the legally responsible parent must sign.

ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

In accordance with HIPAA (Health Insurance Portability & Accountability Act), I have been provided and/or offered a copy of the ENT & Allergy Associates, SC Privacy Notice. I understand the notice may also be found on their website at www.entwausau.com

_____ _____

Signature Date

We accept cash, check, VISA MasterCard DISCOVER and offer CareCredit™ (www.carecredit.com)