

PATIENT FINANCIAL POLICY

You will be responsible for payment of all services if any of the following circumstances apply:

- If you do not have insurance or failed to notify us that your insurance has terminated or changed;
- If you do not have a referral and/or authorization when required and have elected to be seen;
- If you are with an insurance company we are not contracted with; or,
- If a claim denial from the insurance company, for any reason, is not able to be resolved.

Valid Insurance: Insurance companies require the submission of all claims within a specified time limit. If you have changes in your insurance coverage, and you fail to inform us of the change within twenty-one days of your visit, you may be responsible for the charges. Denials often arrive after the filing limit has expired, thus preventing us from being able to re-file a new claim with your new carrier. To ensure that you are not responsible for the charges, please make sure that we always have up-to- date information regarding your insurance coverage. Again, any denied claims for lack of correct insurance information, will be applied to patient responsibility.

Referrals: If your plan requires a referral from your primary care physician, it is **YOUR** responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If your plan requires a referral and you do not obtain one, you will be held responsible for the visit charges in full at the time of service.

Coverage: An attempt will be made to obtain and comply with insurance company requirements. However, it is ultimately YOUR responsibility as a patient to verify your plan benefits, and whether or not Enticare PC is a contracted provider, prior to having any services rendered. Any and all face-to-face encounters with an Enticare provider qualifies as an office visit and will result in a claim submission to your insurance carrier. Co-payment, co-insurance and deductible amounts will apply and are the responsibility of the patient.

Disputes: Co-payment, co-insurance, and deductible amounts **MUST** be paid at the time of service. Any account balances will also be collected at the time of your visit. Any unpaid or disputed balances must be resolved within 90 days from the date of service. Enticare PC reserves the right to turn accounts over to a third party collection agency after 90 days. The responsible party or guarantor of this account will be responsible for all collection fees, legal fees, and any other fees associated with the account. If you have any questions, contact Enticare PC's Billing Department at Billing@enticare.com.

A \$35.00 fee will be applied to all returned checks or disputed credit card transactions.

Medical Records: A fee of \$1.00 per page up to \$25.00 will be charged to patients requesting medical records for personal use, disability or non-surgical reasons. A records request form must be signed and received by Enticare PC before any records are disbursed per HIPAA. Please allow up to 14 business days.

No Show / Late Cancellation of Appointments:

To avoid a \$25 no show fee you must:

- Give at least 24-hour notice of your inability to make it to your clinical appointment.

To avoid a \$150 no show fee related to scheduled sleep studies, allergy testing, and or hearing testing, you must:

- Give at least 72-hour notice of your inability to attend your study/test

To avoid a \$150 no show related to surgery you must:

- Give at least 5 business days notice of your need to modify your appointment.

In the event you missed three separate appointments without giving us the required notice, Enticare PC has the ability to discharge you as an active patient from our practice. In the event that your insurance plan does not allow us to charge a no show fee, Enticare PC holds as recourse the ability to discharge you as an active patient due to your inability to keep scheduled appointments.

Dismissal from Practice: Enticare PC reserves the right to dismiss patients who are not compliant with any one of the following:

- Refusal to comply with recommendations from the provider;
- Does not comply with office policies;
- Refuses to cooperate with staff;
- Repeatedly disputes fees that are fair and are consistent with the services provided;
- Displays threatening, hostile attitude or behavior to physicians or staff;
- Continues to abuse prescription drugs or controlled substances after physician intervention;
- Refuses to pay outstanding balances;
- 3 no-shows or other non-compliance issues that interfere or jeopardize patient treatment or safety;
- Breakdown of communication with patient and/or family resulting in a lack of trust that makes it medically impossible to treat the patient

By signing this form, you agree to all the information listed above, authorize the release of any medical information necessary to process your claims and authorize payment of medical benefits to Enticare PC, or supplier for services rendered.

Signature of Patient, Parent, or Legal Guardian

Print Name

Date