



Ear, Nose & Throat

Surgical Associates, S.C.

1520 North Meade Street, Appleton, WI 54911
(920) 734-7181

FINANCIAL POLICY

1. As a courtesy to all our patients a claim with your insurance company will be filed on your behalf. You are responsible for determining whether or not our physicians are in your network. Seeing an out-of-network provider may result in reduced or denied benefits. Please remember that you are responsible for any bill or portion of a bill that is not paid by your insurance company. If we do not participate with your insurance, we do not accept any fee schedule reductions and you are responsible for the full amount of billed charges.
2. It is the responsibility of the patient to complete the patient registration form and to bring your insurance card with you. You must advise us of any changes in insurance, mailing address or telephone number.
3. We are obligated by contract to collect co-payments (co-pays) at the time of service, so please bring your co-pay with you. Additionally, you may be required to pay deductible and/or co-insurance at the time of service.
4. It is your responsibility to know your individual insurance policy and what your insurance will and will not cover. We will file appeals and follow-up with your claim as much as we can.
5. We require written approval/authorization by your employer and/ or worker's compensation carrier PRIOR to your initial visit. If your claim is denied, you will be responsible for payment in full.
6. If your insurance company requires that you have a referral and/or prior authorization, you are responsible for obtaining it. Failure to obtain the referral or authorization may result in a lower payment from your insurance company, making you responsible for payment in full.
7. Should your insurance company determine a charge to be non-covered, you are responsible for full payment of said charge.
8. Any fees we charge are for our services only. Any patient having surgery will be billed separately for any laboratory, radiology, anesthesiology or hospital services. We have no control or authorization over their fees, rules or financial expectations. You should speak directly with those providers regarding any questions you may have.
9. Accounts 90 days outstanding will bear interest charges of 1% per month or 12% per annum.
10. In the event you default on any payments due and owing ENTSA for services, you will pay any and all costs of collection of such payments due and owing, including, without limitation, 3rd party collection agency fees, court costs and any other such costs.
11. Returned checks will be subject to a \$35 fee.

Patients may pay for services in full on the day treatment is rendered or upon receipt of a statement. We accept cash, personal checks, MasterCard, VISA and Discover. If financial counseling is needed, please contact the Business Office at 920-734-7181 and ask for the Office Manager.

I have read and understand the financial policy as stated above.

Patient/Parent Signature

Date