



Financial Policy

Cross Timbers ENT PLLC recognizes the need for a clear understanding between patients and medical providers regarding protected health information and financial arrangements for healthcare. The following information is provided to avoid any misunderstanding concerning protected health information and payment for professional services.

Payment: Payment is expected at the time of service. If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. Even though insurance will be filed, you are responsible for any balance after insurance processes your claim. Every attempt to verify your insurance benefits will be made prior to your appointment so deductible and co-insurance amounts can be known at the time of your service. All charges for treatment become due and payable 30 days after the date of service. This period allows sufficient time to process insurance and make payment in full of any remaining balance. There will be a \$25.00 charge for returned checks. If not paid within 30 days, Cross Timbers ENT PLLC various collection activities including, but not limited to submitting the past due account to a collection agency.

Self-Payment (Private/Cash Payment): If you have no insurance, or are receiving a non-covered service, payment is expected at the time of service. Certain services, such as surgery, require payment to be made 1 week prior to the procedure date.

Managed Care: All managed care (PPO, HMO, etc) co-payment amounts are due at the time of service. If your insurance plan requires a referral authorization from a primary care physician please present this at your initial visit. If you request an office visit or procedure without a referral authorization your insurance plan may deny the service or deem it out of network and you will be responsible for payment in full. The patient acknowledges that it is the patient's responsibility to be aware of what services are covered, their personal benefits, and agrees to pay for any service deemed to be non-covered or not authorized by the plan.

Medicare: Cross Timbers ENT PLLC providers are participating providers with the Medicare Program and accept, as payment the Medicare allowable, patient deductible, and 20% co-insurance. If you have supplemental insurance, please provide us with a copy of your insurance card and we will gladly file the Medicare claim to the secondary insurance. Medicare secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. In this rare case, you may be asked to sign a waiver form, which states that you understand that you will be responsible for these charges.

Medicaid: We do not accept Medicaid or Community Health Plans.

Automobile Accidents and Workmen's Compensation: We do not accept auto insurance claims or Workman's Compensation claims. We will be happy to see patients on a self-pay basis and provide them with the information to file these claims themselves.

Children of Divorced Parents: Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks the treatment. Any court ordered responsibility judgment must be determined between the individuals involved, without the inclusion of Cross Timbers ENT PLLC.

Secondary Insurance: The Texas Department of Insurance requires the patient to provide secondary insurance coverage to the provider if applicable. Patient agrees to provide such information. Patient agrees to immediately notify provider of any future additions, changes or deletions in primary or secondary coverage.

Participating Providers: Before receiving services, you must verify that we are participating providers for your individual insurance plan. If we are not participating providers, payment for services will be due at the time of service, though we will be happy to file the claim as a courtesy.

Surgery and In Office Procedures: Your insurance carrier will be contacted to verify benefits and eligibility for the surgeon prior to your scheduled in office procedure or surgery. We give the best estimate possible based upon the pre-surgery plan and what the insurance representative tells us. There is no way to have an exact amount until the surgery or procedure is completed and the claim is filed and processed. We cannot give the cost for the facility, anesthesiologist, or for any pathology if needed. The charges are billed separately and have to be determined by each group. You, the patient (or the patient's guarantor), are ultimately responsible for all charges associated with your care regardless of insurance coverage. If the surgeon performs additional procedures, the cost is more than we originally estimated, or the insurance does not pay the claim when it is processed, you will be responsible for the charges. Without exception, all surgical fees and balances must be paid in full a week before surgery or at your pre-operative appointment if one is scheduled. If payment is not made, your surgery may be cancelled. We do not set up payment plans prior to in office procedures or surgery, but we do accept all major credit cards. Payments can be made over the phone for your convenience. We also accept Care Credit for charges of \$500.00 or higher.

Statements: We will send a statement to the address you provide notifying you of any balances you may owe. If you have any questions about the balance, it is your responsibility to contact our business office at 817-261-3000 within 30 days of receipt of the initial statement.

No Show Fees: We may charge you a "No Show Fee" if you fail to cancel or reschedule your appointment at least 24 hours prior to your appointment date.

Failure to keep your account balance current may require us to cancel or reschedule your appointment.

Cross Timbers ENT PLLC believes that a good patient/physician relationship is based upon understanding and open communication. It is our hope that the above policies will allow us to provide the highest quality care to our patients. If you have any questions or need clarification regarding these policies, please call us at 817-261-3000.

By signing below, you agree to accept full financial responsibility as a patient who is receiving medical services, or as the Responsible Party, as applicable. Your signature below verifies that you have read the above disclosures, understand your responsibilities, and agree to the terms set forth herein.

Patient Name (Print): _____ Date: _____

Patient Signature: _____

Responsible Party Name (Print): _____ Date: _____

Responsible Party Signature: _____