

Diseases of the Ears, Nose and Throat, Inc.

Otologic Surgery • Head and Neck Surgery • Endoscopic Sinus Surgery • Pediatric Surgery

Complete Audiologic Services • Dizziness

Otolaryngologists

Timothy J. Nash, DO
Timothy P. Drankwalter, DO

Audiologists

Melinda L. Heater, AuD
Audra H. Woods, AuD

Patient Policies for Diseases of the Ears, Nose and Throat, Inc.

Thank you for choosing Diseases of the Ears, Nose and Throat, Inc. as your healthcare provider. To continue offering high quality care and service, we adhere to the following policies. The patient/responsible party has the responsibility to assure that all obligations for the health care received is fulfilled. We ask that you read and sign this statement prior to seeing the doctor.

Insurance: We are contracted with most insurance plans. If you are not covered by a plan that we do business with or are uninsured, payment in full is expected at each visit. Patients with insurance are expected to pay any personal balance due, immediately after their insurance remits payment. If insurance does not remit payment within 30 days, the patient is responsible for payment in full. If you receive an insurance payment at your home on an outstanding bill with us, that payment must be forwarded to us immediately. It is the responsibility of the patient to know their insurance benefits. Please contact the insurance company with any questions regarding coverage.

Co-Payments & Deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of the patients' contract with their insurance company. Failure on our part to collect co-payments and deductibles can be considered fraud by your insurance company. Please, help us uphold the law by paying your co-payment at each visit.

In-Office Procedures: Please be advised that during your visit, the doctor may need to perform an in-office procedure. This can include the use of an endoscope to look at your nasal passages or throat. These procedures are medically necessary for the doctor to accurately diagnose your condition. Employing the use of these exams and procedures is the standard of care for providing complete and comprehensive otolaryngology services in an office setting.

Insurance companies will consider all of these procedures as "surgical.": We do not have control over how endoscopies are interpreted by insurance companies. Diagnostic endoscopies are always considered, "surgical," despite the fact that no surgical instruments are used. We notify you of this issue in advance, so you are not surprised when you receive an explanation of benefits from your insurance company that states that a "surgical service" was provided. Also, surgical services may be reimbursed or paid at a different rate than an office visit and may be applied towards a deductible.

_____ (Please initial and date)

Non-Covered services: Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or customary by Medicare and other insurance carriers. These services must be paid for at the time of your visit. In addition, some medications prescribed by the doctor may require prior authorization or may not be covered at all by your insurance company. If prior authorization is needed we will assist you in any reasonable manner to obtain medication coverage. However, insurance coverage for your prescriptions is ultimately beyond our control.

600 Taylor Station Road, Gahanna, Ohio 43230 • (614) 759-8811

600 North Pickaway Street, Suite 201, Circleville, Ohio 43113 • (740) 474-9551

columbusent.com

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Account Balances: We will require that patients with self-pay balances do pay their account balances to zero prior to receiving further services by our practice. Patients who have questions about their bills or who would like to discuss a payment plan option my call and ask to speak to our practice manager with whom they can review their account and concerns.

Referrals: Patients are requested to provide staff with sufficient notice to complete any referral forms, precertification's or other forms required by your insurer to process payment for services. Retroactive referrals will be completed for emergency care only. The patient is responsible for acquiring a referral if required by their insurance company. The patient will be responsible for any financial penalty incurred by failure to secure the proper referral.

Proof of Insurance: All patients must complete our patient information form prior to seeing the doctor. We must have a copy of your current insurance card in order to bill your insurance. We ask that you bring your card with you to each visit. If you fail to provide us with current insurance information you will be responsible for the balance of your claim at the time of service.

Insurance Claim Submission: We will be happy to submit both your primary and secondary insurance claims on your behalf provided that you have supplied us with the necessary billing information. We will assist you in any reasonable manner to get claims paid. Your insurance company may on occasion ask you to provide them with additional information. It is your responsibility to comply with that request. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

Insurance Coverage Changes: If you have an insurance change, please let us know prior to your next visit. This enables us to make the appropriate changes and help you achieve your maximum insurance benefit.

Returned Checks: If your check is returned for insufficient funds there will be a \$25 fee added to your account, in addition to the amount the check was for. These fees must be paid in full prior to any future appointments.

Nonpayment: If your account is over 90 days past due it will be referred to a collection agency. By signing this agreement, you are authorizing us to release all information needed to secure payment.

Late to Appointment Policy: If you are an established patient and you arrive 15 minutes late or more to your appointment you will likely be asked to reschedule unless the physicians schedule can still accommodate you. Priority will be given to the patients who arrive on time and you may have to be worked in between them. This may mean you will have a considerable wait. If this is not convenient for you, you may choose to reschedule. One or two late patients cause the entire daily schedule to fall behind. This is an inconvenience to everyone. We strive to see every patient as close to their appointment time as possible.

The registration process and filling out of the forms for a new patient can take more than 15 minutes. If you arrive at the scheduled appointment time and not the arrival time as instructed, you may be asked to reschedule.

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Missed Appointments: We reserve the right to charge \$35 for missed office visits and \$125 for missed in-office surgeries. These charges will be billed to you directly and must be paid in full prior to additional visits.

Prescription Refills: Please call your pharmacy for all prescription refills. They will contact our office for necessary information. Please allow 24-48 hours for all requests. Also, note that an additional 48 hours is necessary if prior authorization is required by your insurance company. Be sure that all refill requests are received by 4:00pm on Thursdays; the on-call physician will not refill prescriptions over the weekend.

On-call Physicians: Our practice is covered 24 hours a day, 7 days a week by a group of 3 Ear, Nose and Throat physicians for emergencies only. Please understand that routine prescription refills, appointment scheduling and billing questions are not issues that the on-call physician can help you with. Please call during regular business hours with all non-urgent inquiries.

We accept cash, personal checks and credit cards (Visa, Mastercard, Discover and Care Credit).

We understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Thank you for your understanding and cooperation with this policy. It is our privilege to provide you with your medical care.

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I have read, understand and agree to the above Financial Policy. I understand that charges that are not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

Responsible Party

Date

Patient name if different from Responsible Party _____