

MONTGOMERY ENT CENTER

Mark E. Grosinger, D.O.

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Cincinnati, Ohio 45242
513-891-8700

1150 Locust St. Suite 500
Wilmington, OH 45177
937-382-2000

FINANCIAL POLICY

Charges incurred for services rendered in this office are the patient's responsibility, regardless of insurance coverage. Assignment will be accepted for all insurance with which our practice participates. It is the patient's responsibility to provide this office with accurate insurance information and notify us of any changes in health insurance coverage. If you have questions on network status/participation with your insurance, it is your responsibility to contact the customer service number on your insurance card.

Patient responsibility: If your insurance has an office co-payment, co-insurance, or deductible that has not been satisfied, you must pay this at the time of your appointment. Please be aware if you see both Dr. Grosinger and the Audiologist on the same day. Your insurance will receive a bill for both providers. This may result in an additional co-payment, or co-insurance due.

Authorization: If your insurance company requires authorization to see a specialist, it is your responsibility to contact your primary care physician and request the authorization. Always check with your insurance before your appointment date and make sure the authorization has been approved. If no approved authorization is on file, you are responsible for the entire bill.

Billing: Know your insurance policy. You are responsible for any rejected claims, non-covered expenses, deductibles, co-insurance/co-payments. Statements are sent monthly. Cash, check, money order, Visa and Mastercard are acceptable means in which to pay the balance. When there is no payment activity or contact from the patient in regard to the unpaid balance the account could be turned over to a collection agency or pursued legally. All outstanding balances must be paid in full prior to any elective surgery. There is a \$35.00 fee for a check returned for insufficient funds.

Dr. Grosinger feels that a patient presented to our office with sinus, allergy, throat or voice complaints requires a thorough examination of that specific area. In some cases, that can only be accomplished through the use of an endoscope (our providers use two different types of scopes.) This examination is essentially painless, and in many cases, can be accomplished quickly. A procedural fee will be submitted to your insurance carrier for this procedure. In most cases, we will accept your insurance company's allowance. You will be obligated to pay only the deductible and or co-payment that is applied to the claim.

Please note: some insurance companies may list this diagnostic procedure as "surgery" on the insurance remittance that you receive.

If you require a procedure, the practice will contact your insurance company to confirm eligibility and an estimate of your covered benefits. Prior to the procedure, you are required to pay in full for your estimated out of pocket expenses. Any remaining balance is due within thirty (30) days of our receipt of payment from your insurance company. Any credit balance will be refunded to the responsible party within thirty (30) days of our receipt of payment from your insurance company. Credit balances under \$25.00 will not be returned without a written request after 3 years.

MISSED APPOINTMENT POLICY: If you fail to contact our office to cancel or reschedule your appointment within 24 hours prior to your appointment time or do not appear for your scheduled appointment time, we will charge a fee of \$75.00 for a new patient visit and a \$50.00 fee for an established patient visit. Missing and canceling appointments may also result in termination from the practice.

I hereby understand the financial policy of this office. I guarantee payment of all charges incurred for the account of the patient below. I further agree to pay any attorney's fees, court costs, and related collection fees incurred. I also agree that my employer may be contacted to verify employment status.

Patient Name

Date

Guarantor Signature