Financial Policy

The following are insurance/payment issues that may apply to you as a patient of the Ohio Ear Institute, LLC:

Insurance:
If we do not have confirmation of your insurance coverage either by a current insurance card or letter of eligibility from your insurance company or employer, you, the patient, are responsible for any charges incurred at the time of your visit. Many insurance companies do not cover preventive medicine or screening tests (audiograms, i.e. hearing tests) even though your physician may find it necessary. If this is the case and you agree to proceed with this test, you are responsible for payment. . It is your responsibility to obtain any referrals required by your insurance company and update them as needed. If you do not have a current referral you may be asked to reschedule your appointment or sign a waiver stating that you will be responsible for payment of charges.

Payment:
It is the responsibility of the patient or responsible party to see that all charges are paid in full, even if the insurance pays less than the actual bill for services. As a courtesy to you, we will file all medical claims, with the primary and secondary insurance. Co-payments (HMO, PPO), Deductibles, Past Balances Due are to be made at the time of service.
Medicare Patients: We submit and accept assignment on all Medicare claims. As a courtesy, we will file to your secondary insurance.

If you do not have health insurance or you have a rider on your insurance policy that excludes ear problems, The Ohio Ear Institute, LLC will discount your bill **30%.** The bill is due and payable at the time of service. Payment can be made by credit card (Visa/ MasterCard), by check or cash.

In divorce situations, the parent who brought the child in is responsible for payment of the bill. We will submit to the necessary insurance carriers.

Accounts that are 90 days past due will be referred to a collection agency unless payment arrangements have been made with our business office. If you have a financial hardship, please let us know so that we might set up payment arrangements.

There will be a $30.00 service charge for any returned checks.

FINALLY, you have a contract with your insurance company--we do not. It is your responsibility to communicate with the insurance company if you are not happy with your insurance company's determination of benefits for your claim.

I have read and understand the above statements and accept liability for all services rendered.

Patient Name: _____

Signature: _____

Witness Signature: _____

Date of Notice: _____