

Washington, D.C. Ear, Nose, Throat & Allergy Center

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Board Certified Otorhinolaryngology

FINANCIAL POLICY

Thank you for choosing the Washington DC Ear, Nose, Throat and Allergy Center (WENTAC) as your healthcare provider. We are committed to the highest standards of quality in medical care. Please understand that payment for services rendered is a part of your treatment. The following is a statement of WENTAC's Financial policy, We require that you read and sign this agreement prior to treatment.

Returned checks will be subject to a \$ 25.00 return check fee and balances over 30 days are subject to collection fees and interest charges at the rate of 1.25% per month. **An extended payment plan is available** with prior approval.

IN THE UNFORTUNATE EVENT COLLECTION PROCEDURES ARE REQUIRED TO COLLECT AN OUTSTANDING ACCOUNT BALANCE, THE PATIENT SHALL BE RESPONSIBLE FOR THE REASONABLE COST OF A COLLECTION AGENCY, ATTORNEY, AND/OR COURT COSTS.

Missed appointments and appointments cancelled without 24 hours notice may be charged for the office visit. (NOTE: This allowable charge is outlined in most insurance policies.)

Minor Patients must be accompanied by a patient or legal guardian. The accompanying parent or legal guardian is responsible for full payment at the time of service.

Insurance. Your insurance is a contract between you, your employer and the insurance company. Not all services are a covered benefit in all contracts. Some insurance companies select certain services they will not cover. Patients are responsible for any and all denied charges.

If WENTAC participates with your insurance carrier, we are contractually required to file your insurance claims. Patients are required to: (a) present a valid insurance card; (b) obtain a valid Primary Care Physician referral, when applicable; (c) make contractual co-payments prior to receiving services; (d) co-insurance amounts and deductible are payable prior to leaving the office; and (e) notify WENTAC immediately of canceled or terminated insurance.

If WENTAC does not participate with your insurance carrier, full payment is due at the time of service. A statement will be provided to you. As a courtesy, WENTAC will file insurance claims for patients that require Allergy treatment, Sleep Apnea treatment or Surgery. All applicable co- insurance (which range between 20% and 30% of the change) and deductibles must be paid at time of service

Filing to Secondary Insurance is not a contractual requirement even if WENTAC participates with an insurance carrier. Submission of claims to secondary insurance will only be made if (a) the Primary insurance is Medicare; (b) the Secondary insurance honors assignment of benefits; and (c) the balance due after the Primary insurance pays greater than \$20.00. If payment is not received from the secondary Insurance within 45 days after submission, payment will automatically become patient's responsibility.

Patient Authorization to file insurance:

I hereby authorize Wash. D.C. Ear, Nose, Throat and Allergy Center, to apply for benefits on my behalf for covered services rendered. I request payment from _____ Insurance Company, be made directly to the above named provider. I certify that the information I have reported is correct and further authorize the release of any necessary information, including medical information for this or any related claim, to the above named billing agent. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or the above named carrier at any time in writing.

I have read and understand WENTAC's Financial Policy as stated above, and agreed to the terms and conditions

Patient Signature /Financial Responsible party

Date: _____

HIPPA PRIVACY GUIDELINE RECEIVED

Initial _____ Date: _____

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