

OHIO VALLEY HEAD & NECK SURGERY

OUR FINANCIAL POLICIES

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to initial treatment. We welcome the opportunity to discuss any aspect of our financial policies with our patients. Please feel free to contact our billing office at 330-923-5899 Monday thru Friday 8:00 a.m. to 5:00 p.m.

INSURANCE CARD

It is very important that we receive the correct insurance information. Please present all current insurance card(s) at the time of service. Due to the many changes that occur in insurance coverage, you will be asked to present this card(s) at each visit. We will make every effort to bill your insurance company based on accurate, current information presented to us at the time of service.

CO-PAYMENT

The insurance companies require that we collect the entire co-payment at the time of service.

INSURANCE PARTICIPATION

Ohio Valley Head & Neck Surgery makes every effort to participate with insurance plans for the convenience of our patients; however, you are responsible for knowing your insurance coverage. Please verify your physician's participation, referral and pre-cert requirements with your insurance company prior to your appointment. Ohio Valley Head & Neck Surgery assumed no liability for non-coverage due to insurance participation and/or plan design. You will be responsible for any balance that results as out-of-network benefits or non-participating provider. We do not accept UCR from non-participating insurance companies.

APPOINTMENT CANCELLATION

There will be a \$20.00 fee for all appointments that are not attended and not cancelled at least 2 hours prior to schedule time. This charge is not covered by insurance companies. If a patient has three no-show appointments, it will be necessary for us to dismiss him/her from our practice.

INSURANCE PAYMENT/PATIENT RESPONSIBILITY

After receiving payment from your insurance company, we will send you a statement for any additional patient responsibility. All balances billed are due within 90 days of the first statement. Unpaid balances greater than 90 days are subject to the collection process.

NON-COVERED SERVICES

All services deemed non-covered services by your insurance are the responsibility of the patient. I have read the Financial Policy. I understand and agree to this Financial Policy. I verify the billing information provided is accurate and authorize release of any medical information necessary to process claims. I request payments be sent directly to the physician of the services provided when the physician accepts assignments of my insurance benefits.

I further understand and agree that my failure to follow this Financial Policy may result in Ohio Valley Head & Neck Surgery my patient-physician relationship.

Patient Signature

Parent or Guardian Signature

Date

Print Signed Name