

**GREENBRIER VALLEY ENT & FACIAL PLASTIC SURGERY**  
**PATIENT FINANCIAL POLICY**

**Insured Patient Financial Policy**

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Prompt payment of your bill is part of your treatment and care. We believe that a good physician/patient relationship is based on understanding and open communication.

Our staff is instructed to make every effort to clarify any questions concerning payment for your treatment. If you need further information about any of these policies, or about the amount you will be asked to pay today, please ask to speak with our office manager: Laura Testerman R.N., ext.111.

The amount you pay today depends on several factors including the type of insurance you have (explained below), the complexity of your condition and the doctor's examination. Often, the doctor will recommend that a diagnostic or therapeutic procedures be performed (ear wax removal, sinus scopes, biopsies, etc.) during a visit. **Your insurance may only cover part of the cost for these additional procedures and you are responsible for the balance.** You can refuse to have a procedure performed, and we can provide you with an estimate prior to a procedure being performed.

You are responsible for co-pays must pay these prior to seeing the doctor. You must also pay any deductibles remaining on your account after the insurance reimburses our office for the visit. **The amount of your co-pay is often on your insurance card.** You must bring all payments with you on the day of your appointment or you will be asked to reschedule. If you have not visited our office in the last **three years** you will be considered a new patient.

Please remember, all co-pay and deductible amounts are an agreement between you and your insurance provider. Our office has no influence on the amount of your co-pays and deductibles. The amount our office charges for self-pay office visits is based on fees set by the federal government. We are not allowed, by law, to charge less than that federal reimbursement fee. To learn more about those fees visit [www.cms.gov/home/medicare.asp](http://www.cms.gov/home/medicare.asp). A higher co-pay or higher deductible does not result in us being paid more for our services – it means your insurance expects you to pay more of the cost for those services. If you have questions about your co-pay, please contact your insurance carrier.

The chart on the next page outlines some of YOUR responsibilities under common circumstances and describes what our office does to help you with your account. Please contact your insurance carrier with additional questions about your specific benefits.

We accept cash, check, VISA, or MasterCard. You may pay your bill in our office, mail your payment with a check, or call us on the phone to make a payment on your account using your debit or credit card.

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<b>IF YOU HAVE:</b>	<b>YOU ARE RESPONSIBLE FOR:</b>	<b>OUR STAFF WILL:</b>
Commercial Insurance or Indemnity Insurance	Payment of the co-pay or deductible for all office visits, injections, or other charges at the time of the office visit.	Determine deductibles and co-pays; and file an insurance claim on your behalf.
HMO & PPO Plans <i>that contract with us</i>	<p><b><i>If YOU receive covered services:</i></b> All applicable co-pays and deductibles.</p> <p><b><i>If YOU receive services not covered:</i></b> Payment in full is due today.</p>	Determine deductibles and co-pays; and file an insurance claim on your behalf.
HMO <i>that does <b>not</b> contract with us</i>	<p>Payment in full is due today.</p> <p><i>*Currently United Healthcare</i></p>	File an insurance claim as on your behalf.
Point of Service Plan or Out of Network PPO	<p>You will owe the self-pay rate in full and you will be refunded any overpayment if insurance does reimburse for part or all of your visit.</p> <p><i>*Currently United Healthcare</i></p>	Determine deductibles and co-pays; and file an insurance claim on your behalf.
Medicare  Any services not covered by Medicare are requested at the time of the visit	<p><b>Regular Medicare</b> and have not met your \$110 deductible, patient must pay that amount at the time of service.</p>	File a claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO	Payment in full of co-pays and deductibles is due at the time of office visit.	File the claim on your behalf to Medicare and secondary insurance.

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**Common Questions about Billing Policies**

When is my balance due?

You are expected to pay your bill in full when you receive it in the mail. If this is not possible, you may consider a payment plan. To do this you must sign a Payment Plan Agreement form in our office. The Payment Plan Agreement will show how long you have to pay your balance and states that you will be responsible for the amount on your account. Below are the terms of a typical payment plan:

<b><u>Balance Due:</u></b>	<b><u>Terms:</u></b>
\$100 or less	Payment IN FULL within 30 days
\$101-\$500	3 months
\$501-\$1000	6 months
\$1001-\$5000	12 Months
\$5,001 or more	24 Months

Plastic surgery and cosmetic procedures are based on self-pay policies unless they are deemed medically necessary. Please see the office manager for clarification.

When is my account considered “past due?”

Any account is considered “past due” if it has been 30 days since the receipt of your statement and you have not paid in full. Unpaid accounts beyond 90 days are considered “delinquent” and may be sent to collections. Please notify our office as soon as you have difficulty paying your balance to avoid collection on your account. There are no interest charges on overdue balances.

Do I need a referral to come to your office?

If your insurance is an HMO and has a contract with our office, you need a referral from your primary care physician. If we have not received a referral prior to your arrival at the office, you may call your primary care physician to obtain it. If you are unable to obtain a referral at that time, you will be rescheduled. Your referring physician must forward pertinent patient information to be reviewed before any surgery can be scheduled.

Is there a charge for missed appointments?

To help us schedule more efficiently, please notify our office at least twenty-four (24) hours prior to your appointment time if you must cancel. At this time we do not charge for missed appointments. We do reserve the right to charge \$20 as well as discharge any patient from our practice who has three (3) or more non-contact missed appointments.

***Please feel free to contact our office with questions or concerns about your bill:***

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