Ear, Nose and Throat Care of WNY, P.C.
Patient Financial Policy
Updated February 1, 2019

Ear, Nose & Throat Care of WNY, P.C. is dedicated to providing the best possible care for you. We offer the following information to help you understand our financial policy and aid you in planning for payment.

Insurance: Co-payments / Co-insurance:
The patient is expected to present a valid and up to date insurance card and photo identification at each visit. All co-payments and past due balances are due and payable at the time of service. All payments are expected in U.S. dollars. Ear, Nose & Throat Care accepts cash, personal check, VISA, Mastercard and Discover. There is a service charge for returned checks equal to the amount charged by the bank.

Statement balances are due 25 days after the billing date. A late fee of 0.83% monthly will be added to the outstanding balance after 30 days. Unpaid accounts over 60 days may be turned over to a collection agency. I agree to reimburse Ear, Nose & Throat Care the fees of any collection agency, which may be based on a percentage, at a maximum of 33 1/3 of the debt, and all costs and expenses, including reasonable attorney's fees incurred by Ear, Nose & Throat Care in such collection efforts. Patients with an outstanding balance of 120 days may be discharged from our practice unless a payment arrangement has been made.

High Deductible Policy:
Deductibles are the patient's responsibility according to the contract with their insurance company. Patients with a high deductible insurance policy are required to pay a down payment at the time of service in accordance with the following: We require a down payment of **$125 toward a new patient office visit, a down payment of $80 toward an established patient office visit, a down payment of $150 toward an endoscopy and a down payment of $75 toward audiology services on the same day.** Please be prepared to pay for any additional services the provider may perform on the same day. The remaining balance, if any, will be billed to the patient. A payment plan can be set up at the time of service to cover any remaining balances. Any overpayment will be refunded. All surgical procedure deductibles, co-insurance or co pays require full down payment 1 week prior to scheduled procedure.

Insurance Plan Participation:
It is the patient's responsibility to be aware of their insurance coverage, policy provisions, authorization and referral requirements. We bill the insurance companies as a courtesy to you. Any outstanding balances are the responsibility of the subscriber.

PLEASE BE AWARE that certain procedures performed in all Ear, Nose & Throat offices are not included in the standard office visit. The costs of these procedures are separate and NOT included in your office visit. We have become aware that some insurance carriers are classifying these procedures as "Surgery" and are applying the charges to a higher deductible/co pay amount. The result may be insurance payment for an office visit but not a procedure. In such cases, payment for the procedure will be due from the patient. Be assured that we are following accepted billing and coding guidelines and that all procedures are performed in the best interest of patient care.

Examples of in-office procedures include:
Flexible Laryngoscopy: This procedure involves passing a long thin flexible fiberoptic scope through the nasal cavity and into the throat.
Nasal Endoscopy : This procedure uses a flexible or rigid scope attached to a light source to view areas of the nasal cavity that cannot be viewed by the physician using a standard nasal speculum and head mirror.

Biopsy
Audiological Testing

Self-Pay Accounts:
Self-pay accounts shall exist if a patient has no insurance coverage. Payment is expected at the time of service.
No-Fault:

Patients are responsible for providing our office with all information required to properly submit charges, i.e. insurer, claim #, date of injury, etc. Without this information, the appointment will be rescheduled and the fees mandated by New York State will be changed to reflect our private fees and you will be responsible for payment.

Medicare:
We are "participating physicians". This means that we accept Medicare's allowed charge for services rendered. Medicare will pay 80% of the approval amount. The patient is responsible of the remaining 20% plus any out of pocket deductible. If you have a secondary insurance, we will submit the claim for the remaining balance after Medicare has paid. Please remember that although we accept assignment for Medicare, the patient, by federal law, must be held responsible for any portion of the approved amount not paid by Medicare or a secondary insurance company.

No Show Fee:
A fee of $40 will be charged for any appointment missed or not canceled before 24 hours of the scheduled visit. It is the patient's responsibility to notify the physician's office when an appointment needs to be canceled or rescheduled.

Forms:
Each form will be completed at a pre-paid charge of $10 per form. Forms include FMLA, return to work forms, life insurance forms, and disability forms excluding social security disability.

Professional Disclosures :
Dr. Paolini is a participating physician with the following health plans: Blue Cross Blue Shield (except Medicaid Managed Care), Empire Plan, Fidelis, Independent Health (except Medicaid Managed Care), NOVA, Medicare, Tricare, United HealthCare (except Medicaid) , Univera (except Special programs), Your Care, Emblem Health, Martin's Point, MVP, GHI, LifeTime Benefit Solutions, HUMANA, CHAMPVA and CIGNA. **We DO NOT participate with MEDICAID**. His hospital affiliations include: Sisters of Charity Hospital, Sisters of Charity St. Joseph Campus, Millard Fillmore Surgery Center, LLC , Southtowns Surgery Center, Ambulatory Surgery Center of WNY, Oishei Children's Hospital, and the Niagara Regional Surgery Center. The amount or estimated amount you will be billed for non-emergency services is available upon request. You will be provided with the name, practice name, mailing address, and telephone number of any health care professional scheduled to perform anesthesiology, laboratory, pathology, radiology or assistant surgeon services in connection with care to be provided in the office for the patient or coordinated or referred by the physician for the patient at the time of referral to or coordination of services with such healthcare professionals. PLEASE CONTACT THE OFFICE OF EACH PHYSICIAN TO DETERMINE THE HEALTH CARE PLANS IN WHICH THE PHYSICIAN PARTICIPATES. My signature serves as an acknowledgement of the information included within this disclosure.