

Upper Cumberland Ear, Nose and Throat Payment and Collection Policy

Policy:

This is Upper Cumberland Ear, Nose and Throat's ("UCENT") payment and collections policy.

Patient Payment Responsibilities

1. UCENT will file a claim with insurance carriers that are contracted with this practice. In all cases, the patient is responsible for payment for services rendered.
2. All patients with health insurance are responsible for making their co-payment at check-in. If a co-payment is due and not made at check-in, the patient's appointment is subject to being rescheduled. If the patient has a high-deductible insurance plan, a new/established patient is responsible for a \$160/\$90 payment, respectively, at check-in. If you are scheduled for a hearing test, you are responsible for an additional \$100 payment at check-in. **If the full payment is not made at check-in, the patient's appointment is subject to being rescheduled.** All amounts collected on the day of service for that visit will apply to your deductible and/or co-insurance. Any additional services, such as scopes, CT scans, excisions, etc. will result in additional charges. Additional charges will be discussed with the patient by a representative of the office prior to services being rendered. **Any additional services rendered must be paid at the time of service.** Any overpayment will be credited to your account or refunded, if your account balance is zero.
3. All patients with Medicare who have not met their deductible, regardless of whether they have a supplemental insurance plan, will be required to pay a copayment at check-in. The copayment for a new visit is \$100 and for an established visit is \$70.
4. All patients with Medicare who have met their deductible, but do not have a supplemental insurance plan will be required to pay a copayment at check-in. The copayment for a new visit is \$20 and for an established visit is \$15. Any additional amount due for *scheduled* services, such as scopes, hearing tests, etc. will be collected at check in as well. Any overpayment will be credited to your account or refunded, if your account balance is zero.
5. New/established patients without health insurance are required to make a \$160/\$90 **deposit** at check-in. **If the full deposit is not made at check-in, the patient's appointment is subject to being rescheduled.** This deposit typically covers the office visit only, and any additional services, such as scopes, CT scans, hearing tests, etc. will result in additional charges. Additional charges will be discussed with the patient by a representative of the office prior to services being rendered. Any overpayment will be credited to your account or refunded, if your account balance is zero.
6. The payment for insured patients and cash deposit for patients who do not have a co-payment and uninsured patients applies to your deductible and co-insurance. You can expect a separate bill for any additional amount due. We advise patients to check their insurance contract for their exact liability.

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() New policy/procedure	(x) Supersedes attached	Upper Cumberland Ear, Nose & Throat

7. UCENT accepts cash, money order, certified bank check, check, Visa, MasterCard, Discover and CareCredit.
8. Patient payments must be made within 30 days after the insurance carrier issues an EOB.
9. Patients with a past due account balance will be asked to make payment at the time of scheduling an appointment. If payment cannot be made at that time, the patient will be asked to meet with our billing personnel to discuss payment arrangements.
10. Adult patients with TennCare coverage (21 years old and older for United Healthcare Medicaid plans and 18 years old and older for Amerigroup) will be required to pay \$30 for tympanograms only and \$100 for all other hearing tests at the time of service. The responsible party for patients between the ages of 3 and 21/18 years of age with TennCare coverage will be required to pay \$100 for OAEs at the time of service if this particular hearing test is deemed necessary by the physician. All patients without insurance coverage will be required to pay \$30 for tympanograms only and \$100 for all other hearing tests at the time of service.

Past Due Balances

1. All account balances more than 60 days past due are considered delinquent and may be sent to a collection agency. All collection fees as well as attorney and court costs will be added to the patient's balance. Unpaid balances may result in dismissal from our practice.
2. A ten percent (10%) annual service charge will be added to the patient's account balance more than 60 days past due (i.e., following the insurance company's issuance of an EOB).
3. A separate \$35 fee will be charged for all returned checks. The patient is responsible for paying the account balance and the \$35 fee upon notification of the returned check. This payment must be made by cash, money order, certified bank check or credit card.

Office Procedures

A preauthorization of benefits will be done for all office procedures that require such. Verification of benefits from your insurance carrier is not a guarantee of payment. **The patient is responsible for payment in full on any balance not paid by his/her insurance.**

Requests to Complete Forms and Provide Letters

A minimum of 5 working days are required to complete forms and letters (e.g., FMLA, disability, work-related). After 5 working days, the forms/letters may be picked up at our front desk. There is a \$15 charge for each completed form. There is a \$15 charge for all letters.

Annually, all patients will be required to acknowledge they read and understand this policy.

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I acknowledge I have read and understand this Payment and Collection policy:

Signature of Patient or Responsible Party

Date: _____

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<input type="checkbox"/> New policy/procedure	<input checked="" type="checkbox"/> Supersedes attached	Upper Cumberland Ear, Nose & Throat