

Name: _____

Date of Birth: _____

Diablo Valley ENT appreciates your confidence in choosing us to provide for your health care needs. Our services imply a financial responsibility on your part - an obligation to ensure payment in full of our fees. We would like to share our financial policies with you since a clear understanding of our financial policies is an important component of our professional relationship.

Methods of Payment

We will bill your insurance as a courtesy to you with a copy of your current insurance card, which must be presented at each visit. If you do not have your insurance card, payment is due at the time of service. For your convenience, we accept cash, check, credit and debit cards, as well as CareCredit. Please note that there is a \$35 charge for checks returned by the bank for insufficient funds.

Participation with Insurance & Medicare

Diablo Valley ENT participates with Medicare, as well as many HMO & PPO plans, which means that we accept assignment of benefits. If payment is not received from your insurance carrier within our contract limits, any balance will be your responsibility.

If we do not have a contract with your insurance company, you are responsible for payment in full and considered to be Self-Pay. Payment is due at the time of service and we will mail you a courtesy claim within 7 days.

Medicare: As a Medicare patient, you are responsible for your deductible and for the difference between the approved charge and the amount Medicare pays. If you have supplemental insurance with a company with whom we are contracted, we will bill your secondary insurance for you. Any remaining balance will be billed to you.

PPO Plans: As a component of our contracts, we collect co-payments for every visit. In addition, we collect co-insurance (your portion for the services as established by your insurance company), deductibles, and past due balances at the time of your service. Please note that we estimate these payment portions, and that you may receive a statement indicating that additional co-insurance or deductible portions may be due, based upon how your insurance company processes your claim.

HMO Plans: If you are insured through an HMO (Hill or Muir), a referral is required from your primary care physician. If we do not receive a referral, we will require payment at the time of service.

Our Contracted Payors: Aetna, Affinity Medical Group, Blue Cross, Blue Shield, ChoiceCare (Humana), Cigna, Great West, Hill Physicians Medical Group, Medicare, John Muir Medical Group, Sutter East Bay Medical Foundation (Diablo Division), UnitedHealthcare

Self-Pay

Depending upon the type of visit, a minimum deposit is due when you check in for your appointment. Any additional charges must be paid at the end of the visit. A 25% Time of Service discount is applied when fees are paid the same day the service is provided.

Our Fees

We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determination of rates. Co-payments, co-insurance, and deductibles, or unpaid balances are due at the time of service.

Fees for Completion of Forms

There is a \$35 charge to complete forms such as disability or FMLA forms.

I have read the Financial Policies of Diablo Valley ENT. I understand that it is my responsibility to provide current insurance information at each visit, as required by my insurance provider.

Signature of Patient or Guardian

Date