



## FINANCIAL POLICY

Co-pays, co-insurance and deductibles are due at the time of service. We accept cash, check and most major credit cards.

**REFERRALS:** If your insurance plan requires a referral or pre-authorization, please contact your insurance carrier or primary care physician to begin this process and have such referral sent to our office. If required, referral has not been received in our office prior to your appointment; your appointment may need to be rescheduled. It is the responsibility of patient to start the referral process.

**INSURANCE BENEFITS:** Please be aware that when a patient visits a specialist, there are diagnostic procedures which may be required for appropriate care that cannot be performed by primary care physicians. These procedures may be performed during the normal course of the exam by the specialist. Although necessary as part of routine exams, insurance companies often categorize these as diagnostic "surgery" procedures. The possible procedures which often are performed at NKENT during visits include, but are not limited to: **Nasal Hemorrhage Control, Nasal Endoscopy, Laryngoscopy, Cerumen Removal (ear wax), Tympanometry, Nasopharyngoscopy, Foreign Body Removal, Binocular Microscopy, Biopsy.**

Depending on your insurance policy provisions, these procedures and others may fall under a separate benefit other than your office co-pay, such as a deductible or coinsurance. In some cases, the exact insurance benefit cannot be determined until the insurance company processes the claim. Therefore, any quote for services will be considered an estimate only and any payment will be considered a partial payment until insurance company processes claim. Your insurance is a contract between you and your insurance carrier; payment for services is ultimately responsibility of patient.

**FORM FEE:** Forms to be completed by physician must be presented in a timely manner; please allow 10 business days for completion. A \$25 fee must be paid prior to the form(s) being completed. (i.e., FMLA, Short-term disability (STD), extended leave of absences, etc.).

**CANCELLATION COURTESY:** If you are unable to keep your appointment, a 24-hour notice is greatly appreciated.

**MEDICAL/BILLING RECORDS FEE:** Any request for medical or billing records must be signed and accompanied by an authorization for release of information (this form is available at the front desk/website). We will make every effort to provide these copies within 10 business days. A per page fee will be charged according to Washington State Law.

**RETURNED CHECK FEE:** There is a \$25.00 fee for checks returned for any reason.

**COLLECTION AGENCY:** Please be aware that North Kitsap Ear Nose & Throat (NKENT) utilizes a collection agency for unpaid bills. If your account is transferred to a collections agency, any and all fees assessed by the agency will be added to the account.

**SURGERY:** It is the responsibility of the patient or guardian to be aware of insurance deductibles, co-payments, participating facilities and/or anesthesia services and policy benefit coverage within the individual insurance plan. NKENT will attain surgical pre-authorization from the insurance company yet this is not a guarantee of payment. If surgery is scheduled, you may be required to pay a portion of your deductible and/or coinsurance prior to the surgery date. Any quote received for surgery will be considered an estimate only and any payment will be considered a partial payment only until such time that the insurance company processes your claim. If you cancel your surgery for any reason prior to the date of surgery, the funds paid in advance will be refunded. There may be up to four separate bills: NKENT (Dr. Jungkeit), surgical facility, anesthesiologist and pathology.

**FACIAL PLASTIC SURGERY:** If facial plastic surgery is elected, you are required to pay for your surgery one week prior to the date of surgery. There may be up to four separate bills: NKENT (Dr. Jungkeit), surgical facility, anesthesiologist and pathology. If you cancel your surgery for any reason prior to the date of surgery, there may be a professional fee charged to the account.

**ASSIGNMENT OF BENEFITS:** I request that payment of insurance benefits be made on my behalf to North Kitsap Ear Nose & Throat and/or Michael C. Jungkeit, M.D. for any services provided to me. I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable by my insurance carrier or other medical entity. A copy of this authorization will be sent to my insurance company, or other entity if requested. The original authorization will be kept on file by North Kitsap Ear Nose & Throat.

**FINANCIAL RESPONSIBILITY STATEMENT:** I have read the notice of possible procedures necessary to verify or obtain a diagnosis and evaluate for treatment. I am aware that these specialized procedures/equipment are available only through a specialist and that fees will be billed to my insurance, if any. I understand there are other procedures which may be performed as part of my diagnosis or treatment that may not be listed above. It is my responsibility to notify NKENT of any changes in my insurance coverage. I accept financial responsibility for all services rendered and any rebilling fees, as explained above.