

South Texas ENT Consultants, PA

Patient Payment Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or our Comptroller.

How May I Pay?

We accept payment by cash, check*, money order, VISA, Mastercard, American Express and Discover. *We will charge a \$25.00 fee for all returned checks. We use NDC CHECK SERVICES to guarantee payment on returned checks and they charge a \$25.00 FEE. You may also be charged a return check fee from your financial institution.

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you may be held financially responsible for the entire amount of your bill.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the "patient responsibility" portion of bill for all office visits, x-ray, injection, and other charges at the time of your office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim with your carrier as a courtesy to you.
HMO & PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the office visit. <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
HMO with which we are <u>not</u> contracted.	Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.

If You Have...	You Are Responsible For...	Our Staff Will...
Point of Service Plan (POS) or Out-Of-Network PPO	Payment of the “patient responsibility” portion of bill—deductible, copay, non-covered services—at the time of the visit.	Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services. File an insurance claim on your behalf.
Medicare	<p>If you have Regular Medicare, and have not met your \$100 deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap*:</u> No payment is necessary at the time of the visit. *Includes TRICARE for Life.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.</p> <p><u>If you have a commercial insurance as a primary, and Regular Medicare as a secondary insurance, and have met all applicable deductibles:</u> No payment is necessary at the time of the visit.</p>	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO	All applicable copays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicaid	<p>No payment is necessary at the time of the visit for covered services.</p> <p>Payment in full is requested at the time of the visit for service(s) not covered by Medicaid</p>	File an insurance claim on your behalf.
Medicaid HMO	All applicable copays and deductibles at the time of the visit.	File an insurance claim on you behalf.
Worker’s Compensation (Includes Out of State)	We <u>do not accept</u> Worker’s Compensation insurance.	
Occupational Injury	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
Motor Vehicle Accident (MVA)	<u>If you are the policy holder of the auto insurance responsible for covering medical services in connection with your MVA, and you have a claim number from your auto insurance company:</u> No payment is necessary at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.

If You Have...	You Are Responsible For...	Our Staff Will...
	If you are not the policyholder of the auto insurance: Payment in full is requested at the time of the visit. We do not accept "Letters of Protection."	
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

Surgery

If your physician recommends surgery, you will be escorted to a Surgery Coordinator. He/she will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

The Surgery Coordinator will request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. The Surgery Coordinator will explain a cost estimate, which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.