

Collier Otolaryngology
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Financial Policy

WE ARE DEDICATED TO PROVIDING THE BEST POSSIBLE CARE AND SERVICE TO YOU AND REGARD YOUR COMPLETE UNDERSTANDING OF YOUR FINANCIAL RESPONSIBILITIES AS AN ESSENTIAL ELEMENT OF YOUR CARE AND TREATMENT.

HOWEVER, IN ORDER TO REDUCE CONFUSION AND MISUNDERSTANDING BETWEEN OUR PATIENTS AND THIS PRACTICE, WE HAVE ADOPTED THE FOLLOWING FINANCIAL POLICY:

Insurance Claims Filing:

It is our policy to collect co-payments and deductibles at the time of service. Regardless of your insurance company's guidelines, all unpaid balances will become your responsibility **45** days after your visit. In the event your health plan determines a service is non-covered you will be responsible for the complete charge. Should you dispute the way your insurance company handled your claim, it will be the patients' responsibility to follow-up with any appeals. It is your responsibility to present us with your correct insurance information otherwise you will be responsible in full for any charges.

Medicare Claims:

We file the claim to Medicare on your behalf, as well as any claims to your secondary insurance. However you will be responsible for any non-covered services.

Collections:

If payment is not received within 60 days you will be subject to referral to an outside collection agency and assessed with a 35% service fee.

Surcharge of Missed Appointments:

You will be subject to a **\$50.00** fee if cancellation is not received at least 24 hours before the time of the appointment.

Please Be Aware:

We perform tests/procedures in the office and they may be considered as part of your deductible in addition to your office co-pay. It is the patients' responsibility to know what your insurance may or may not cover or if prior authorization is required before providing services for these procedures. You need to let us know if an authorization or precertification is required for any office or surgical procedures.

If you have a plan that we DO NOT have a prior agreement with, you will need to pay in full at the time of service. We will be happy to submit the claim for you upon payment and with the proper claims address.

Assignment and Release:

Patient hereby authorizes and assigns insurance benefits to be paid directly to the physician. Patient is responsible for any non-covered services regardless of how your insurance processes the claim.

Name: _____ Date: _____

I hereby accept by my endorsement that I have read, understand, and had all my questions answered to my satisfaction.