

Agape Ear, Nose & Throat Clinic, P.M.C.

Financial Policy

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive maximum allowable benefits. In order to achieve these goals, we need your understanding of our payment policy.

Payment for services are due IN FULL, which includes all deductible and copays, **at the time services are rendered.**

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. If financial problems affect timely payment of your account, we encourage you to contact us promptly.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that insurance companies pay benefits on fee determinations. They determine “reasonable and customary rates” which may or may not be the prevailing fees in this area. The fees from this office fall within most “reasonable and customary rates” of insurance companies. Patients are responsible for all charges not paid by their insurance company.

Not all services are a covered benefit in all contracts. This may include supplies, injections, tests, and certain procedures. These services will be submitted to your insurance company, but will likely be denied.

TRICARE PRIME PATIENTS – You are responsible for obtaining a WRITTEN authorization from the Tricare Office. It is also your responsibility to verify that we have RECEIVED the authorization. The authorization has a limited number of visits and has an expiration date. If all visits have been used OR the authorization has expired, it is void and you will be responsible for the charges. Active Duty soldier and their dependents do not have an office copay, however, Retired Military and their dependants are responsible for a \$12.00 copay for each office visit (The Tricare Office is located on post in Bayne Jones Hospital (337-535-2503).

TRICARE STANDARD PATIENTS – You are responsible for meeting your annual deductible. Upon verification that the deductible has been met, you will then be responsible for the remaining 25% of charges at the time services are rendered. There is no authorization required for Tricare Standard Patients.

ACTIVE DUTY PATIENTS – Appointments cannot be made for Active Duty patients until an authorization has been received in our office. Authorizations are issued for a limited number of visits and have an expiration date. Active Duty patients do not have a copay.

MEDICAID PATIENTS – You are responsible for acquiring a WRITTEN referral from your Primary Care Physician. Please verify that we have RECEIVED the referral prior to your appointment time. Referrals are issued with expiration dates. If a referral has expired, the visit will not be covered by Medicaid and you will be responsible for the charges.

MEDICARE PATIENTS – You are responsible for meeting your annual deductible each year. If you have a supplementary insurance that pays this deductible for you, we will have to verify that benefit. You are also responsible for any deductibles on supplementary policies. If you have coverage with Medicare Only, you will be responsible for the remaining 20% of charges at the time services are rendered.

There will be a finance charge of \$25.00 on all returned checks and an 18% APR on all unpaid balances. There is a **60% finance charge on all accounts that are turned over to a third party collector.**

I have read the above financial policy and agree to the terms presented above. If my insurance company denies payment, I agree to be personally and fully responsible for payment.

Responsible Person _____ Date _____