



CHAPEL HILL
EAR, NOSE & THROAT

CHAPEL HILL EAR, NOSE & THROAT FINANCIAL POLICY

DATE _____

PATIENTS NAME _____ CHART # _____

Insurance Information**

The patient /or responsible adult is financially responsible for payment when services are rendered. Fees are due and payable by Cash, Check, or Credit Card (Visa or MasterCard). Those accounts which are delinquent for 30 days will be charged interest at a MONTHLY rate of 1.5%, effective from the date of services rendered. Any additional forms or itemized bills (other than provided at the time of your visit) will be completed upon receipt of a \$10.00 service charge. All returned checks are subject to a \$25.00 service charge for processing by our office. This is to be paid with Cash, Money Order or a Bank Check!

We are on contract with many insurance companies and do file for those we are contracted with.

Health insurance is a contract between a family and its insurance company. We will provide you with all the information and receipts necessary for you to get direct reimbursement from your insurance company in those cases where we are not on contract with said insurance company!

In separation/divorce situations, the client who initiates service with us is held financially responsible. We do not bill another person or estranged spouse unless the individual informs us in writing of his/her willingness to pay for services rendered.

Be advised that the party signing below is financially responsible for professional services rendered at Chapel Hill Ear, Nose & Throat!

I UNDERSTAND I AM NOT RESPONSIBLE FOR SERVICES RENDERED ME BY CHAPEL HILL EAR, NOSE & THROAT

Signature: _____ Date _____

Authorization for Chapel Hill Ear, Nose & Throat to release medical information to my insurance

Signature: _____ Date _____

** In cases of prolonged illness, large bills, or other financial difficulties monthly payment schedules can be arranged by the office manager.