

# ENT & Sleep Specialists

Board Certified Otolaryngology and Sleep Medicine

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## Notice of Privacy Practices & Billing Procedures

### 1. Cancellation/No Show Policy For Doctor Appointment

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting needed treatment. **If an appointment is not cancelled at least 24 hours in advance you will be charged a \$50 fee. This will not be covered by your insurance company.**

### 2. Scheduled appointments

We understand that delays can happen. However, we must try to keep the other patients on time. **If a patient arrives 15 minutes past their scheduled time we will have to reschedule the appointment or you will have to wait until the patients before have seen the doctor.**

### 3. Cancellation/No Show Policy For Surgery, Sleep Studies, or DME (Durable Medical Equipment) appointments

Due to the large block of time needed for these appointments, last minute cancellations can cause problems and added expense for the office. **If these appointments are not cancelled at least five (5) days in advance you will be charged a two hundred dollar (\$200) fee. This will not be covered by your insurance company.**

### 4. Referrals

If your insurance requires a referral from your primary care physician, the referral must be present at the time of your visit. If it is not available, it will be your responsibility to obtain one. We welcome you to call your physician and have your referral faxed to us at (301-441-3124). Failure to comply could result in you being responsible for all visit costs incurred.

### 5. Deductibles, Co-pays, Co-insurance, and Non-covered charges

Our practice participates in many insurance plans. Most insurances will have a "co-pay". Your insurance may also have a "deductible", which means the amount you are responsible for before insurance starts covering the rest. You may also have "co-insurance", which means a percentage of the charges you will be responsible for.

**If you have an amount remaining on your deductible, it is our office policy to collect a deductible deposit of \$150 for new visits and \$75 for follow up visits.** If the deductible applies to surgical procedures/sleep studies/DME, an amount will be estimated based on expected charges and also collected before services are performed. Any amount that is over the reimbursed charges as confirmed by the Explanation of Benefits from the insurance company will be credited or refunded back to you.

Co-pays, deductibles, and non-covered charges are due at the time services are rendered. It is your responsibility to understand your policy coverage. Our billing staff is available to assist you with questions about coverage limitations and payments.

### 6. Insurance termination or incorrect insurance information

If your insurance coverage **terminates** or becomes **inactive** during the period you have received services, you will be liable and billed for any office visits or procedures at self-pay rates determined by the office. If you give the incorrect insurance information or incorrect primary insurance coverage which results in a refund of reimbursements or non-payment from the insurance company, you will also be liable and billed for any services received at self-pay rates.

### 7. Account balances

We require that patients with balances pay their account balances to zero (0) prior to receiving further services. If you have questions about your bill, you can speak with someone from our billing office. **Patients with balances over \$100 must make payment arrangements prior to future appointments being made.** Patients with delinquent accounts in collections may be discharged from the practice. Credits to your account will be applied to future charges or refunded back to you.