

RONTAL CLINIC

PATIENT FINANCIAL RESPONSIBILITIES FOR SERVICES

Thank you for choosing our practice to provide your Otolaryngology (ear, nose and throat) healthcare needs. We are committed to providing the best quality of care to meet your health care needs.

Please read our policy below regarding your responsibility for payment of services provided by the Rontal Clinic.

It is the patients' responsibility for the payment of medical services provided by our office. We are happy to accept payment by:

- **Insurance policy** - we accept several insurance plans, you may want to contact your insurance carrier to confirm coverage, coverage requirements, coverage restrictions, deductibles and co-pays. If your insurance requires a referral we will need the referral no later than your appointment arrival. We cannot see you without the required referral, should you arrive without the referral we will need to reschedule your appointment.
- **Cash or check** – payment in full is expected at the time of service
- **Credit card** – (VISA, MasterCard, American Express and Discover)
- **Care Credit**

Your insurance policy is a contract between you and your insurance company only, we are not involved in any way with your personal contract. Your insurance company will determine what benefits are payable per your contract once we have submitted the billing claim to them. We will bill your insurance company as a courtesy to you. The services you receive may or may not be “covered services” for your specific contract. We encourage you to obtain your insurance coverage information including the rules and regulations.

Should your insurance company deny payment for any contractual reason you are responsible for the balance of your care.

USUAL AND CUSTOMARY RATES: The Rontal Clinic is committed to providing the best treatment for our patients. Our charges are usual and customary fees for our area. You are responsible for payment regardless of any insurance company determination of usual and customary rates.

WORKERS' COMPENSATION and/or AUTO CLAIMS: The date of injury, contact name, phone number, billing address and claim number must all be presented at the time of the appointment. If this information is not available, payment in full will be expected by the patient, or we can reschedule the appointment to a time when all information is available.

MINOR PATIENTS: Parents or guardian of the minor are responsible for the payments related to the services provided to the minor. In the event the parents are divorced, the parent accompanying the minor is financially responsible, regardless of the divorce decree. Settlements must be resolved between the parents and not our office. For unaccompanied minors with non-emergency treatment, treatment may be denied.

By signing this “Acknowledgement of Receipt” I agree to keep my account current as to charges for which I have received care and am responsible for. If I fail to pay my charges the Rontal Clinic is entitled to take necessary action to collect such charges. I will be responsible for reasonable legal fees and costs incurred as a result of such collection.

Signature: _____ Date: _____