ENT AND ALLERGY SPECIALISTS

ENT and Allergy Specialists
Brian Broker, MD
Laurence Cramer, DO
Paul Swanson, MD
Carol Actor, MD
Geeta A. Bhargave, MD
Daniel P. Nadeau, MD

Bryn Mawr Office
825 Old Lancaster Rd.
Suite 300
Bryn Mawr, Pennsylvania 19010
610-415-1100

Phoenixville Office
826 Main St., Suite 201
Phoenixville, Pennsylvania 19460
610-415-1100

Pottstown Office
5 South Sunnybrook Rd.
Suite 300
Pottstown, Pennsylvania 19464
610-415-1100

East Norriton Office
342 West Germantown Pike
Suite 320
East Norriton, PA 19403
610-415-1100

Dear Patient

Thank you for choosing ENT and Allergy Specialists as your healthcare provider. The following is our Financial Policy. **Our main concern is that you receive the proper and optimal treatments needed to restore your health.** Therefore, if you have any questions or concerns regarding our payment policies, please do not hesitate to contact our billing office at 610-415-1100.

We ask that all patients read and sign our Financial Policy and HIPAA form as well as complete our Patient Information Form prior to having your examination, therapy, and/or study. Medicare patients are required to sign an ABN.

All insured patients are required to sign the assignment of benefits for payment from the insurance company. We will submit your claim to the insurance company on your behalf, however if the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier. You will be billed for any non-covered services, deductibles, co-pays, and/or co-insurance.

It is the responsibility of the patient to ensure any and all benefits, referrals, precertifications or authorizations have been obtained and checked prior to your appointment. In the event your plan's procedures are not followed prior to your appointment, your appointment may be rescheduled.

It is the responsibility of the patient to be aware that your insurance company classifies some procedures performed in our office as "surgery" and as a result, surgical copays and deductibles may apply.

Delinquent accounts will be turned over to collection agency with a 2 week notice unless demographic information has changed and returned to us by the United States Postal Service with an address change. If no forwarding address is received it will be placed with Collection Agency at that time. Accounts will be considered delinquent if unpaid after 90 days. In the event your account is turned over for collection, you will be responsible for all reasonable collection and court costs at the time the account is considered delinquent. Once the account is turned over to the collection agency, we can no longer handle billing inquiries; please contact the collection agency in this event.

Please advise us if there has been a change in your address, phone number, or insurance coverage since your last appointment.

Our office does have the following charges:

- If you are unable to keep your appointment with the doctor and do not give 24hrs. notice a fee may be charged.
- If you are unable to keep your procedure or testing appointment and do not give 48hrs. notice a fee may be charged.
- Payment is expected as services are rendered unless prior financial arrangements have been made.
- If co-pay is not paid at time of visit, there will be a charge of $11.50 for administrative costs.
- A fee of $25 will be charged for all returned checks.
- There will be an administrative fee of $12.00 for the completion of all forms (Life, Disability, Student, Etc.).

Again, thank you for choosing ENT and Allergy Specialists as your healthcare provider. We appreciate the opportunity to serve you.

I hereby acknowledge that I have been provided with, read, and understand the patient financial policy stated above and agree to be subject to same:

Date: _____

Patient Signature _____

(Must be 18 years of age or parent/legal guardian)

Signature of Parent of Legal Guardian _____

Assignment of Benefits

I hereby guarantee payment of all charges incurred at the office of ENT and Allergy Specialists. I hereby assign and direct pay any and all benefits for medical services under this claim directly to ENT and Allergy Specialists. I hereby authorize the release of any medical information requested by the insurance companies.

Date: _____

Patient Signature _____

(Must be 18 years of age or parent/legal guardian)

Signature of Parent or Legal Guardian _____