

# **Albany ENT & Allergy Services**

## **Financial and Billing Information**

### **Insurance Cards**

Insurance Cards or your policy number must be available at the time of visit. If this is not available, you will be asked to sign a waiver agreeing to be responsible for payment. We submit claims to most insurances though it's best to contact your insurance company to verify we are a participating provider and there are no geographic or preexisting condition limitations.

To enable us to process your bill accurately, we will ask you for your insurance card and check your picture identification each time you visit.

### **Copays, Co Insurance and Deductible**

Copays are due at the time of check in. Copays are set by your insurance and we are obligated to collect these fees. If you have a deductible plan that will impact your visit you may be asked to pay a portion or all of this. If not paid at the time of visit an additional \$10 processing fee will be applied. If you call us later in the day with a form of payment, this surcharge will be voided.

### **Specialist Procedures**

As part of an ear nose and throat examination, an endoscopy may be felt necessary to complete the exam. Your insurance company may consider this a surgical procedure and applicable copays and patient responsibility may apply.

### **Referrals**

If you need a referral to be seen in our office, please contact your primary care physician to arrange for this. This must be available on the day of service. If this is being sent to us directly you can contact our billing office at 518 701 2086 to verify its receipt. If a referral is needed and not available at the time of your visit, you will be asked to pay out of pocket.

### **Workers Comp and No Fault Insurances**

We do accept Worker's Compensation and No Fault Insurance coverage. Please bring all of the appropriate documentation including your case number. If coverage cannot be verified, we will ask you for your private insurance card to bill in the event that your claim is denied. If you do not have other health care insurance, you will be asked to sign a waiver indicating you will be responsible for all costs should your workers comp or no fault claim be denied. Please bring the following to your appointment (if applicable):

1. Date of Accident
2. Name of your employer
3. Name and phone number of your claims adjuster.
4. Claim Number
5. Name and address of the insurance company.
6. Workers Compensation Case Number.
7. Information regarding other health insurance covered that you carry should your claim be denied.

**Self Pay Policy**

Self payments are due on the day of visit. A 50% self pay discount will be applied if the payment is made on the day of service. If no payment is made on the day of service, the discount drops to a 40% percent discount. Payment plans are available as recurring credit card or debit card transactions.

Please contact our business office at 518 701 2086 if you need to make special arrangements for payment. We will make every effort to assist you.

**Charity Care**

Charity Care is available to patients upon completion of an application and submission of the appropriate documents demonstrating financial need. Patients are encouraged to sign up with the NYS Health Care Exchange for insurance coverage. The exchange can be found online at <https://nystateofhealth.ny.gov/> or by phone at 855.355.5777 / TTY: 800.662.1220. If you are eligible for the Exchange and not participating only the self pay discount will be available.

**No Shows**

Cancellation of appointments should be made at least 24 hours in advance. This courtesy allows us to schedule and serve other patients. We reserve the right to bill you \$50 for a missed appointment.

**Past Due Accounts**

Patients who have not made an effort to make payment arrangements and have not expressed an interest in meeting their financial obligation may be turned over to a collection agency. Patients who have allowed their account to be turned over to an agency will be expected to satisfy their financial obligation prior to the scheduling of any future appointments

**Returned Checks**

There will be a \$50 charge for a check returned by the bank.

**In Closing,**

Please keep in mind that your insurance is a contract between you and your insurance group. While we have a billing staff quite knowledgeable about many plans, it is not possible for us to know the details of each plan and this is your responsibility. We are happy to assist you in any way that we can to determine your coverage and meet patient responsibility prior to and after your visit in our office. Please contact us at 58 701 2086 with your questions and concerns.