

Summary of Financial Policies for Camino Ear, Nose & Throat Clinic

Insurance and Insurance Payment

If you are unable to present an insurance card at the time of service, or if you are covered by an insurance company with which we are not contracted, we require that you pay for services at the time of service. If we are able to collect from your insurance company after you have fully paid, we will issue a refund.

Know Your Insurance Plan

All insurance plans, including Medicare, have different plans, each with different benefits. Because your health insurance is an agreement between you and your insurer, you should understand what services are covered under your specific plan. Your insurer can assist you with any questions you have relative to your own benefits. All co-payments, co-insurance, and/or deductibles are your responsibility. Co-payments are due at the time of service. This is a requirement of your insurer.

HMO plans do require a referral from your plan and/or medical group. You should obtain an authorization before being seen at our office. It is your responsibility to verify that they properly authorize your care and treatment in advance.

Secondary insurance does not necessarily mean that your service will be covered at 100%. Depending on your plan's benefits, the secondary may pay a fraction of what the primary insurer paid. We will bill your secondary as a courtesy, but you are responsible for any balances after your insurers have processed your claims.

Specialists' offices bill very differently from general practitioners and pediatricians. We do not have a global office visit billing code that covers every service that may happen in our office. Specialists must separately document and code every procedure and exam they conduct. Each code may generate a separate charge. You may get a bill from our office if directed by your service carrier. The bill and/or explanation of benefits may classify these codes as "Surgery" but, in fact, is not surgery. It's a procedure that can be done in a surgical and office setting.

Credit Card on File

We require that all patients provide a credit card to keep on file before their first visit. This card will be used for new patients who do not show up to their visit or do not cancel prior to 24 business hours. If there is an outstanding bill for which you have received more than 2 statements and have not called with a question or have not mailed in an alternative form of payment, the outstanding balance will be charged in full to the card on file.

Missed Appointments

There is a fee of \$100 for New Patients and \$75 for Established Patients for appointments that are not canceled, rescheduled prior to 24 business hours, or if you arrive more than 15 minutes late to your appointment. Appointments must be canceled during business hours with the office directly and not the call service. Any cancellations made outside of business hours may be subject to the fee. Please do not rely on our automated appointment reminders system as your only reminder to keep your scheduled appointment. We cannot guarantee this service or that the phone number provided is accurate or functional for this purpose. We dislike having to do this, but we need notice to allow other patients to schedule. We turn away other people needing care in order to hold a place for a patient. If there are extenuating circumstances, we are open to discussing them. You will have 45 business days to contact our office, after that, we will not discuss any no show fees. We reserve the right to discharge patients from our office with three or more no-shows.

Surgery Cancellation

There is a fee of \$500 for any individual who does not cancel or reschedule their surgery within 7 business days prior to their scheduled surgery. Again, we hate to charge this fee, but we need the notice to allow other patients to be able to be put on the surgery schedule. Significant time and effort goes into planning the surgery and coordinating the people and equipment that are needed. Like with our office visits, we understand that extenuating circumstances can arise. We are open to discussing those on a case-by-case basis.

Collections

Any balances that remain unpaid for more than 90 days from the final determination by your carrier as to the correct charges will be sent to collections. The company we use is Professional Credit.

Request for Medical Records

A signed release of records form is required at the time of your request. You will be charged a clerical fee of \$25 for any request over 5 pages. The medical records will not be released to you until the fee is paid in full. These fees are set by the State of California (Health & Safety Code section 123110), not Camino ENT.

Medical Forms

There will be a \$50 fee for our staff to fill out any medical forms. This includes, but is not limited to, disability and FMLA. This fee must be paid prior to the forms being processed. The turnaround time is 5–7 business days.

Good Faith Estimate

The federal “No Surprise Act” grants consumers the right to receive a “Good Faith Estimate” explaining how much their medical and mental health care will cost. Under the law, health care providers, including psychotherapists, must give clients who don't have insurance or who are not using insurance an estimate of the expected charges for treatment of services. You can ask all of your health care providers, including your therapist and other providers from whom you seek treatment, for a Good Faith Estimate before you schedule a service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

Assembly Bill (AB) 1278-The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

Acknowledgment of Financial Policies and Guarantee of Payment

By signing my name below, I acknowledge that I have read and understood the above financial policy. I hereby guarantee payment in full within ninety (90) days of all charges established by Camino Ear, Nose & Throat Clinic for service(s) rendered to me or my dependent unless other arrangements satisfactory to Camino Ear, Nose & Throat Clinic have been made. This includes any charges that a third-party payer may determine to exceed usual and customary limits. I authorize Medicare, Medicaid and all relevant commercial payers to Camino Ear, Nose & Throat Clinic, including but not limited to Margaret Carter, M.D., Michael T. Murray, M.D., Hussein Samji, M.D., Lionel Nelson, M.D., Kelly Brennan, Au.D., Meagan Gasperini, Au.D., Jennifer Tucker, Au.D., Nicole Ulen, Au.D., Shaun Frost, PA-C and/or Christina Biondolillo, N.P., on my behalf for any services furnished to me or my dependents. I certify that I have read this assignment of benefits, that the information given by me is correct, and that I agree to all the provisions contained in it. The insurance information I have provided is current and correct. If I sign this form and the insurance card is found later to be outdated or invalid, I understand that I am responsible for paying for the services in full and will need to file with the insurance carrier myself. My insurance co-payment is due at the time of service, per my insurance company.

Print Name: _____ Signature: _____ Date: _____



*Camino Ear, Nose & Throat Clinic
is a division of BASS Medical Group.*