

**Southern Missouri ENT & Allergy**  
**1409 Doctors Drive**  
**West Plains, MO 65775**  
**417-255-1373**

Financial Policy

In the interest of good patient and provider relationships, we believe it is desirable to establish a financial policy for our patients. Our goal is to avoid miscommunication or concerns regarding financial matters so we may focus on serving your healthcare needs. Please ask our staff if you have any questions. We appreciate the opportunity to participate in your healthcare needs!

**Patients are responsible for payment of all medical treatment and services provided.**

- Insurance co-pays shall be collected before seeing one of our providers.
- Co-Insurance and deductibles for surgery shall be collected prior to the day of surgery unless prior arrangements have been made.
- All returned checks will be assessed a \$20 service charge.
- Cash patients shall pay for the office visit before seeing one of our providers.
- Cash patients are given an additional discount for procedures if paid at the time of service. Procedures not paid at the time of service shall not qualify for the discount.

**Our office participates with Medicare, Medicaid and many other healthcare networks.**

- As a service to our patients, we file insurance claims for the care we provide.
- As a participating provider in a network, we agree to accept our contracted allowable as the total charge for our services.
- Patients are responsible for deductibles, co-payments, non-covered services, and out of network care. Payment for these shall be due at the time of visit.
- Some health plans require a referral to be seen in our office. The patient is responsible for ensuring their primary care physician has provided one.
- Patients must advise us of the need for pre-certification by your insurance for any services.

All accounts unpaid 90 days after your visit shall be considered past due. Accounts that remain unpaid will be forwarded to our collection agency and reflected on your credit report. Any fees charged to Southern Missouri ENT & Allergy by the collection agency will be added to your balance and become your responsibility. Please call if you need to make financial arrangements. Our Billing Coordinator will discuss the options we have available.

Please visit with our Billing Coordinator if you have questions or need further explanation or clarification of our policy. I have read, understand and agree to this financial policy.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date