CENTRAL ARKANSAS ENT CLINIC

POLICIES

All patients with or without insurance are required to pay at the time services are rendered.

We will calculate our charges to the best of our ability. **It is your responsibility to know your insurance benefits. With some insurance companies procedures done in a specialist office are not considered a part of the office visit copay, therefore you will be responsible for any additional fees as well as your copay.** After filing with your insurance company if there is a balance due we will send you a statement, or if there is a refund due we will either apply it to your account or refund you.

I, hereby authorize the release of any information relating to claims for benefits submitted on behalf of myself or my dependents. I authorize my insurance company to pay direct to **Central Arkansas ENT Clinic** all benefits for services rendered. As a courtesy to our patients we will file your insurance claim. However your account with us is ultimately your responsibility.

Our clinic has implemented a **"Patient Portal System"** to enable you to access your medical records and communicate with our office via the internet. You can also use this system to pay your bill. Be assured that transmission of your information is safe and secure by means of an encryption system. Furthermore, either your records or your e-mail address are **not** given or sold to any other persons or entities.

Our appointment policy is as follows: We will confirm appointments a day in advance by calling your contact number given to us. This is done as a courtesy to you. **Cancelling and rescheduling of appointments is your responsibility.** If you fail to notify our office of your intent to cancel you will be charged $25.00. We have an answering machine so you may leave a message if it is after hours.
Your insurance company will not pay this fee, it will need to be paid by you and paid before another appointment can be made.

If you have any questions concerning these policies, please ask to speak with our office manager.

I acknowledge that I have read and understand the policies stated above.

Signature_____ Date_____