



Patient Financial Policy

GENERAL OVERVIEW

Thank you for entrusting your ear, nose and throat health to Midwest ENT Centre. Our team is dedicated to providing the very best in medical and surgical care—and to making all of your interactions with us as efficient and friendly as possible. To that end, the following financial policy will help frame expectations and make our back-office processes transparent and predictable.

Midwest ENT Centre participates in most insurance plans, including Medicare. At the time of each appointment, patients must furnish proof of insurance, a valid driver's license (if applicable), and must have a signed Patient Agreement form on file. The Patient Agreement contains the highlights of this financial policy and a statement that you have had the opportunity to review and agree to this policy in its entirety.

With that said, we know that medical insurance and billing can be confusing—and even frustrating at times. You are our patient and customer, and we are on your side. Our team of Scheduling and Patient Account Specialists are available to guide you through the process. They will be your advocates to your insurance company, helping you maximize the insurance benefits to which you are entitled for the care you need.

FORM OF PAYMENT REQUIRED ON FILE

Providing you with transparent, streamlined check-in and billing processes is an important part of our service to you. To keep this possible, reserving an appointment at Midwest ENT Centre requires an acceptable form of electronic payment to be on file in our system. Your credit, debit, FSA or HSA card information will be fully encrypted in our PCI-compliant system by a third party immediately after the information is entered—and can never be seen or accessed by our staff in its entirety again.

We go to great lengths to ensure that any charges to your card are predictable and transparent. There will be no fees assessed in case of missed or rescheduled office visits. In the vast majority of cases, your card will only be charged for the portion of your medical bill—if any—put to your out-of-pocket responsibility. This amount is dictated by your insurance plan, and can take the form of unmet deductibles, co-insurance fees, or co-payments. All of these are insurance plan-dependent. Some are predictable, and some are unknown even to us until your insurance company finalizes the claim.

- Co-pays will be charged to the card on arrival the day of the appointment.
- Other visit-related expenses will be charged only after that day's claim is fully processed and the EOB is finalized by your insurance company. This process can take weeks.
- The final amount owed on the EOB may reflect the following charges applied to your deductible or co-insurance:
 - Office visit fee(s)
 - Procedures performed during the office visit not included in the office visit charge, such as earwax removal, endoscopies and biopsies
 - Diagnostic testing and professional services, such as those performed by the audiology, radiology and allergy departments

The form of payment on file may further be used to:

- Facilitate any necessary prepayments for surgical procedures (with your consent, and after consultation with your Patient Account Specialist).
- Collect past-due amounts of any kind.
- Assess certain fees as highlighted in this document. These are meant to be assessed rarely, but are not billable to insurance, cannot be applied toward a deductible, and cannot be applied to future services.

STANDARD BILLING CYCLE

Your Patient Account Specialist (PAS) will bill your insurance plan following each encounter. After your plan has processed the claim, they will send you and Midwest ENT Centre an Explanation of Benefits (EOB) form. This form will show the dollar amount—if any—that they have assigned to you to pay. Midwest ENT Centre will not send a bill until your plan has fully processed the claim and sent the EOB.

Should you owe anything at this point, Midwest ENT Centre will mail you a billing statement to request payment. For your convenience the amount due will be automatically billed to your card on file 21 days from the date of the letter. If you would like to pay by another method, you may call your PAS during this 21-day window to make other arrangements. The PAS department can be reached at 636.685.8252.

Should your form of payment on file be denied for any reason, we will first contact you to resolve the issue. If no arrangements are made, Midwest ENT Centre will send a follow-up letter notifying you that your account is past-due and that collections activities will begin in 10 days. Past-due accounts not paid at the end of this 10-day grace period will be turned over to a collections agency, who will add a nonrefundable fee to the amount due upon taking the case.

SURGERY PREPAYMENT

If you are scheduled for a surgical procedure, your Patient Account Specialist (PAS) will work with your insurance plan on your behalf to help ensure the procedure is covered. In rare cases insurance may refuse payment for services rendered, in which case the bill will become your responsibility. We will do every reasonable thing in our power to avoid this outcome for you.

Once approved, your insurance company will inform us your expected out-of-pocket charge for that service. Patients scheduled for surgical procedures are required to pre-pay this amount by cash, Care Credit®, or the method of payment on file. No personal checks, please.

Your PAS will contact you via phone to arrange pre-payment. All pre-payments must be made 5 business days prior to surgery to prevent rescheduling. If pre-payment cannot be arranged by this deadline, the surgery will be canceled and a short-notice cancellation fee may be assessed.

Any and all funds pre-paid for surgical procedures will be held until the claim is finalized and the EOB released. If any credit remains on your account, that credit will be applied to any remaining account balance you may have. Any further remaining credit will be returned to you in short order.

CANCELATION & RESCHEDULING FEE

The process by which our PAS and scheduling staff obtains insurance authorization for surgeries is very time and labor intensive. Authorizations are typically given for a single date only, and must be obtained anew should the surgery/procedure need to be rescheduled.

At the time of scheduling and of pre-payment, you will be asked to give us at least a 48-hour advance notice should you need to reschedule. Midwest ENT Centre reserves the right to assess a fee should the surgery be canceled on short notice or rescheduled multiple times.

BILLING IN THE POSTOPERATIVE PERIOD

Please remember that Midwest ENT Centre does not have the ability to charge more or less for our services than the contracted rates governed by each individual patient's insurance plan. Postoperative global periods are also outside of our control, as they are set by the AMA and CMS. Surgical procedures are assigned a 0-day, 10-day or 90-day global period, during which your routine follow-up care related to the procedure is included in the surgical fee.

Any care provided after the global period has expired must contractually be billed at a regular office visit rate. This can cause confusion when following-up after a 0-day (e.g., sinus surgery) or 10-day (e.g., tubes) global procedure, when regular office visit rates must again be charged. While postoperative appointments are not billable during the global period, the costs of follow-up imaging, audiograms, endoscopies, or procedures (e.g., sinus debridements) related to the postoperative course are not covered under the global. As such, these must be billed separately according to insurance guidelines.

Insurance regulations also mandate that if the patient is seen in the office during the global period for a separate and distinct medical issue, a co-pay and office visit fee must be billed and collected. As these regulations are outside of Midwest ENT Centre's control, we ask that you contact your insurance plan with global period questions.

ALLERGY & IMMUNOTHERAPY SERVICES

Midwest ENT Centre takes great pride in our professional, courteous and patient-centered allergy immunotherapy department—staffed with nursing professionals who are dedicated to helping you get control of your allergies. Your introduction to the allergy department will most likely happen during a scheduled allergy test. Please understand that each test requires a substantial time commitment from our team—usually about one hour of face-to-face time with an allergy nurse followed by a test review appointment with the treating physician. Midwest ENT Centre reserves the right to charge a non-refundable fee should you cancel your allergy test within 24 hours or fail to show for your appointment.

Patients in our immunotherapy (allergy shots/drops) program will typically have regular interactions with our allergy department, which we aim to make as convenient and seamless as possible. When a patient is first enrolled in the allergy shot program and the first vial is mixed, any out-of-pocket cost for that vial will be charged to the patient's card after the EOB is finalized (as is done with other services). As treatment continues, the allergy department will be more and more able to accurately predict your expected out-of-pocket cost for vials and shots. These estimated amounts will subsequently be charged at the time of service in order to keep things convenient and keep the account current. Patients may pay cash at each shot visit should they prefer.

Unlike allergy shots, sublingual allergy drops are not covered by insurance. Allergy drop vials will be billed to the card on file at the time they are mixed. Drop vials are typically refilled quarterly, but discounts are available when ordering one year at a time. Please contact the allergy department for pricing or any other questions at 636.441.6012.

AUDIOLOGY & HEARING AID SERVICES

Amounts due for hearing aid instruments are to be collected in full at the time of fitting. Patients can pay via credit card, cash, check or Care Credit®. Any hearing aids returned in the trial window will be refunded minus a \$75 restocking fee per aid. Custom products (such as those molded to the patient's ear) are not returnable. Hearing aid accessories and support services performed by the audiology department are also to be paid at the time of service. A current price list for these supplies and services is available at the front desk and in the audiology department.

Most hearing aids purchased from our office have a 3-year warranty, and support visits with the audiologist are covered during that period. For patients with out-of-warranty aids or those purchased elsewhere, charges will be assessed for hearing aid drop-offs and for troubleshooting appointments with the audiologists. Patients are required to have a payment card on file to make appointments with the audiology staff.

SELF-PAY PATIENTS

A "self-pay" patient is any patient with no insurance coverage, with coverage he/she wishes to waive, or with coverage through any other insurer with whom we are not contracted. A credit card must be on file for each self-pay patient on which to charge the self-pay office visit fee at the time of scheduling. The office visit fee is not refundable should the patient no-show the appointment or cancel fewer than 24 hours prior to the appointment time.

Additional services rendered during the office visit may result in additional charges. To maximize transparency, every effort will be made to explain the charge and take payment prior to the service being performed.