

**Coastal Ear, Nose and Throat
Coastal Hearing and Balance Center
Coastal Facial Plastic and Reconstructive Surgery**
*Otolaryngology ~ Head and Neck Surgery
Board Certified in Pediatric and Adult Care*

3700 Route 33, Suite 101
Neptune, NJ 07753

Phone (732) 280-7855
Fax (732) 280-7815

FINANCIAL POLICY

Welcome to Coastal Ear, Nose & Throat, LLC. We are committed to giving you the best care possible. We would like to take this opportunity to inform you of our office policies.

Insurance Billing

We will bill insurance claims to primary insurance carriers, as a courtesy to our patients, provided we have current insurance information and any necessary referrals. If you have secondary coverage, we will submit to them once we have the explanation of benefits from your primary insurance. Should your insurance require a referral, and we have not received it prior to your appointment, you will be responsible for payment at the time of service. We accept payment from insurance companies, but require that you pay your portion, including co-pays, deductibles or coinsurance at the time of service. The parents (or guardians) of a minor are responsible for full payment of deductibles, co-payments and/or coinsurance at the time of service. Many times the question of financial responsibility is complicated. The policy in this office is that the parent requesting treatment for the minor child is responsible for all fees incurred. We do not get involved in billing disputes in cases involving divorce or separation, and will not split bills among family members.

Insurance policies have become increasingly complex over the years and it has become impossible for our office to know each specific plan and their limitations. Therefore, it is your responsibility to know your insurance benefits. Your insurance policy is a contract between you and your insurance company. After filing your claim we will wait **30** days for a response. If we have no response from your insurance company, you will be personally responsible for the unpaid balance. Please remember that insurance is considered a method of reimbursement for services provided but is **not** a substitute for payment. All fees are ultimately the responsibility of the patient. Insurance plan participation is subject to change.

Charges / Fees

- Co-pays not paid at the time of service will incur a \$10.00 service charge.
- All missed appointments with the doctor and those cancelled without the proper 24-hour notice will be subject to a \$25.00 fee. Missed audiology appointment fee is \$30; ENG/VNG appointment is \$100. In office surgical procedures will be subject to a \$75 fee. Any cosmetic appointment that is not cancelled 72 hours prior to an appointment, will also incur a \$75 fee.
- Three missed appointments in any twelve-month period will result in being dismissed from the practice. Patients will not be seen until all of the missed appointment fees are paid in full.
- In the event that a check is returned to us by your bank, for any reason, there will be a \$25.00 service charge.

Collection Agency

All patient accounts that become 60 days delinquent will be reviewed for collection proceedings. Once an account is turned over to our outside collection agency, it is in their hands and we will not take the account out of collections. All accounts turned over to collections will be assessed with compounded interest.

Financial Hardship

Financial hardship should never stand in the way of medical care. Since open communication will benefit both parties, any hardship should be discussed with our billing staff as soon as possible. This will simplify a difficult situation.

I HAVE **READ AND UNDERSTAND** THE TERMS AND CONDITIONS SET FORTH IN THE ABOVE POLICY. I UNDERSTAND THAT A DUPLICATE COPY OF THE FINANCIAL POLICY IS AVAILABLE FOR MY REFERENCE UPON REQUEST.

Patient Name

Date

Patient Signature or Parent Signature

Relationship