



WESTERN MICHIGAN ENT PAYMENT POLICIES

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, DISCOVER CARD AND CARECREDIT.

**Twelve-month, interest-free financing for professional services and hearing aids is available through CareCredit.*

**Interested patients can apply for CareCredit by calling 800.365.8295 or may sign up online at CareCredit.com/apply.*

Patient Responsibilities: Patients should check their insurance benefits before scheduling an appointment. If your insurance plan requires prior authorization/referral from your primary care physician (PCP) before seeing one of our physicians or audiologists, it is your responsibility as a patient to obtain a written referral and have it sent to our office prior to scheduling an appointment. Your primary care provider may fax the referral to us at 231.398.9541 or 231.843.0538. Your referral must cover the type of appointment and services they request you receive from our practice.

Deductibles, Copayments and Coinsurance: Insurance deductibles, copayments and coinsurance costs are the patient's responsibility and will be collected before your appointment. Patients are responsible for all copays, deductibles and coinsurance amounts not paid by their insurance carriers. They will be collected at the time of your visit. We are no longer able to offer payment plans. We do, however, participate with CareCredit and most major credit cards. Before scheduling your appointment, the office staff will provide you with an estimated amount you will be expected to pay at the time of your visit. If there is an overpayment, refunds will be issued on the 15th or 30th of each month.

Insurance Participation: Currently, our practice participates with the following insurances only: Medicare, Medicare Railroad, Aetna, Blue Cross, Federal Blue Cross, Blue Care Network, Priority Health, Humana and Health Net Federal Services (Tricare). For existing patients only, we take the following insurances: Straight Medicaid, Meridian Medicaid and Priority Health Medicaid. Prior authorizations for goods and services are requested from insurance carriers in advance, but insurance carriers will only provide us with an estimate of their coverage. They do not guarantee what their actual reimbursement amount will be in advance. Actual insurance reimbursement amounts may be different than those quoted by the insurance company representative, subject to later review by the insurance plan's administrator and application of all copays, deductibles and coinsurance amounts. Patients are financially responsible for any amount not paid by their insurance plan for goods or services.

No-Show/Missed Appointment Policy: Patient reminder calls, emails and text messages are provided as a courtesy to our patients. We ask that you take advantage of this service by confirming or canceling your appointments as requested. It is the patient's responsibility to call and cancel any appointment they are unable to keep. Please allow a 24-hour notice when canceling an appointment to avoid a no-show fee. WMENT charges the following for missed appointments: \$45 for a missed office visit and \$75 for missed office procedures scheduled for longer than 30 minutes, e.g., skin excisions, biopsies, allergy testing, ENG, APR, etc. Any missed appointment cannot be rescheduled until the no-show fee has been paid in full.

Office Visit Fees, Subsequent In-Office Procedure Tests: It is sometimes necessary to conduct a diagnostic procedure, audiological test or therapeutic procedure during an office visit. These procedures and tests may not be included as part of the routine charge for a standard office visit. Any additional procedures and tests not covered under the standard office visit fee will be charged to the patient at the conclusion of the office visit. This means that patients may pay for their basic office visit prior to the start of their appointment and then also pay for additional tests, procedures, goods or services at the end of their appointment as needed. If your provider recommends further testing or a procedure during your visit, please feel free to ask for a quote before having the procedure/testing done.

Hearing Instruments and Related Audiology Services: Payment for hearing aids, assistive listening devices and hearing instrument repairs is due at the time of the hearing aid fitting or repair pickup. Payment for hearing instrument accessories, cleaning or maintenance supplies and batteries is due at the time of purchase. Fees for hearing instrument follow-up services after the patient's service plan ends will be collected at the conclusion of each hearing instrument recheck appointment. Some insurance plans cover part or all the cost of hearing aids, while others do not. We will obtain an estimate of your insurance benefits for hearing instruments from your insurance company. Insurance carriers will only provide us with an estimate of their coverage. They do not guarantee what their actual reimbursement amount will be in advance.

Actual insurance reimbursement amounts may be different than those quoted by the insurance company representative, subject to later review by the insurance plan's administrator and application of all copays, deductibles and coinsurance amounts. Patients are financially responsible for any amounts not paid by their insurance plan for hearing instruments. If the insurance carrier pays less than expected for hearing aids, patients will be billed for the difference. If the insurance carrier pays more than expected for hearing aids, patients will be credited with the difference. Fees for hearing instruments and follow-up services are payable to Western Michigan ENT, P.C. or WMENT.

Allergy Services: Allergy testing and allergy mixing are also subject to prepayment prior to scheduling and mixing. Allergy injections often have a copayment you will need to pay at the time of service. These procedure codes will be provided to you, and we highly recommend you contact your insurance company to verify coverage.

Cosmetic Services: All of our cosmetic services are considered self-pay and will need to be paid in full at the time of service. These include but are not limited to our cosmetic injections, such as BOTOX®, Dysport®, Restylane®, Restylane® Lyft, etc.; laser hair removal; laser vascular treatment; and skin care products, facials, micro-needling, waxing, etc.

Surgical Services: It is our practice's policy to collect all applicable deductibles, coinsurance and any other out-of-pocket expenses for professional services prior to performing any surgery. The professional fees for surgery are payable directly to Western Michigan ENT, P.C. or WMENT. You will be expected to pay half of the surgery balance before selecting and scheduling your date. The remaining balance will need to be paid in full two weeks prior to your surgery. If the balance due is not paid within the time frame, your surgery will be canceled. Patients receiving inpatient or outpatient surgery at a hospital or surgical center may also be responsible for facility and anesthesia fees. The surgical center or hospital where you will have surgery will inform you of their facility fees and their payment policies and procedures. Please see the list of hospitals that we currently use for their contact information:

Munson Manistee Hospital 231.398.1000

Corewell Ludington Hospital 231.843.2591

By signing below, you are acknowledging you have read and are accepting our billing policy terms:

Date: _____

Patient Name: _____

Date of Birth: _____

Print Name: _____

Patient Guardian Name: _____

Relationship: _____

Print Name: _____

Patient or Patient Guardian: _____

Signature: _____