**ENT and Allergy Center**

**PAYMENT POLICY**

You are required to pay for the portion of services that the insurance company deems as your responsibility. This includes deductible, co-pay, co-insurance and any non-covered services. However, you are required to sign that your insurance benefits be sent directly to our office. If for some reason your insurance does not pay as expected, you will be responsible for the balance. All surgical procedures require that payment be made in advance of the date of surgery.

Any other arrangements must be made in advance with the Accounts Manager.

**STUDENTS**: If you are a University student whose parents will be responsible for the bill, we must contact your parents to verify their responsibility and they will be asked to sign as the responsible party.

**MEDICAID**: We will file Medicaid as a Primary Insurance if you provide the proper referral from your Primary Care Physician. If you are insured through the Arkansas Kids First Program, you must pay your $10 copay at the time of your visit. If you have a commercial insurance as primary, we DO NOT file Medicaid as a secondary insurance.

**WORKERS**

**COMPENSATION**: We accept Worker’s Compensation patients after benefits have been verified.

**LAWSUITS &**

**ACCIDENTS**: All patients are responsible for charges incurred regardless of pending lawsuits and/or settlements.

I understand and agree with the above policy.

Patient and/or Responsible Party Date

Witness