

## Patient Financial Policy • Consent to Treatment • Assignment of Benefits

Thank you for choosing Greater Philadelphia Ear Specialists for your care. Our priority is to ensure that you receive the highest quality treatment for your health needs. Therefore, if you have questions or concerns about our policies, please ask us during your visit or contact us at 215-383-1333.

### Insurance Information

We participate with most insurance providers. If we do not participate with your insurance company, payment is due in full at the time of service, or we may recommend that you contact your insurance company for a participating provider. All insured patients are required to sign the assignment of benefits statement for payment from the insurance company. We will submit your claim to participating insurance companies on your behalf. Patients are responsible for informing us of any changes to their insurance coverage. In some cases, benefits cannot be confirmed until the insurance company processes the claim.

After your insurance company has settled the claim, you will be billed for any noncovered services, copays, deductibles and/or coinsurance. You will receive a statement for any outstanding balance if you are no longer covered by your insurance plan. Accounts not paid within 90 days will be considered delinquent and may be referred to a collection agency or attorney. In the event your account is turned over for collection, you will be responsible for all reasonable collection and court costs at the time the account is considered delinquent.

Certain insurance plans require a referral, precertification or prior authorization for services. Please check with your plan prior to your visit. If a required referral, precertification or authorization is not on file at the time of the visit, the appointment could be rescheduled, or you may be responsible for all charges incurred on this date.

It is your responsibility to know your plan benefits. Contact your insurance company directly with any questions about coverage. Workers' compensation or auto insurance may require additional documentation. We will make reasonable efforts to bill these carriers; however, if the required information is not provided, or if coverage is exhausted or disputed, you will be responsible for payment at the time of service.

### Payments at Time of Service

All copays and out-of-pocket charges are due at time of service. We accept most major credit cards, cash, checks, and money orders. Returned checks will incur a \$25 fee, and repayment must be made with cash or credit card.

### Specialty Services

Greater Philadelphia Ear Specialists is a medical and surgical subspecialty practice dedicated to the treatment of ear disease, hearing loss and vestibular disorders. We offer in-depth testing to better evaluate, diagnose, and treat these conditions. One or more of the following procedures may be performed at your appointment. Insurance companies consider these tests a surgical procedure, and are billed in addition to your office visit. Your insurance may apply additional charges in the form of copay, coinsurance, and/or deductible.

The following list is not all-encompassing, but includes the most commonly encountered otology, audiology, and vestibular office procedures:

#### Otology

- 92504: Microscopic ear examination
- 69210: Removal of impacted cerumen
- 69433: Tympanostomy requiring insertion of ventilation tube (topical or local anesthesia)
- 69801: Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal
- 31231: Nasal endoscopy; diagnostic (unilateral or bilateral)
- 31575: Laryngoscopy, flexible fiberoptic; diagnostic

#### Audiology

- 92557: Comprehensive audiometry threshold and speech recognition
- 92550: Tympanometry and acoustic reflex threshold testing

- 92587 or 92588: Distortion product evoked otoacoustic emissions (limited or comprehensive)

#### **Vestibular**

- 92540: Videonystagmography (VNG) testing
- 92537: Caloric vestibular testing (bilateral, bithermal)
- 92584: Electrocochleography (ECoG)
- 92517: Vestibular evoked myogenic potential (VEMP) testing; cervical (cVEMP)

#### **Consent to Call, Email and Text**

I understand and agree that Greater Philadelphia Ear Specialists, P.C. may contact me using automated calls, emails and/or text messaging. These communications may notify me of appointment reminders, preventative care, test results, treatment recommendations, outstanding balances or any other communications from Greater Philadelphia Ear Specialists, P.C. I understand that I may opt out of receiving such communications by informing my providers front desk or scheduling staff. This consent and authorization will remain fully effective until it is revoked in writing. You have the right to discontinue services at any time. I certify that I have read and understand the above statements.

#### **General Consent to Care**

I, the undersigned, for myself, a minor child or another person for whom I have the authority to sign, hereby consent to medical treatment, as ordered by a provider, for which such medical treatment is provided through Greater Philadelphia Ear Specialists, P.C. This consent includes my consent for all medical services rendered under the general or specific instructions given by, the physicians/providers who treat me while I am a patient. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations. You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any tests ordered for you. If you have concerns regarding any test or treatment recommended by your provider, we encourage you to ask questions.

#### **Assignment of Benefits**

I hereby guarantee payment of all charges incurred at the office of Greater Philadelphia Ear Specialists, P.C. I hereby assign and direct to pay all benefits for medical services under this claim directly to Greater Philadelphia Ear Specialists, P.C. I hereby authorize the release of any medical information requested by the insurance companies. I give permission to Greater Philadelphia Ear Specialists, P.C. to appeal on my behalf. I also understand and agree this Assignment of Benefits will continue for as long as I am being treated or cared for by the organization and will constitute a continuing authorization, maintained on file, which will authorize and allow for direct payment to the organization of all applicable and eligible coverage benefits for all subsequent and continuing treatment, services, supplies and/or care provided. I also realize that I am responsible for paying any noncovered services, copayments, deductibles or coinsurance amounts due.

#### **Patient Acceptance**

I have read and understand the above policies and have had the opportunity to ask questions. This acknowledgment will be in force unless revoked in writing.

**This Agreement will be signed in office at time of appointment**