



Financial Policy

We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. If you have any questions regarding these policies, please discuss them with our billing supervisor.

1. Fees for services rendered, along with unpaid deductibles, co-insurance and or co-payments are due at time of service. We accept cash, check, Visa, MasterCard, American Express, and Discover. No check will be accepted for services or merchandise over \$500.
2. Our business office will process insurance claims for reimbursement, as long as proof of insurance and all information is provided at the time of service.
3. Any charges not covered by the insurance company is the responsibility of the patient (or responsible party). Patient should be familiar with terms of his/her insurance policy.
4. If payment is not received from the insurance company within 30 days patient (or responsible party) will be asked to contact carrier to expedite the process.
5. If payment is not received from the insurance company within 45 days, patient (or responsible party) is required to pay the balance in full.
6. Outstanding balances past 90 days will be turned to collections. There is a \$15 fee for any account not paid within 90 days.
7. Returned checks for non-sufficient funds will incur an additional \$35.00 fee along with outstanding balance owed.
8. If patient (or responsible party) does not have insurance and will be paying out-of-pocket, a credit card authorization is required at the time of check in. For ENT patients, an authorization will be run in the amount of \$200, and for ENT/Audiology patients, \$300. These amounts are a deposit only and the correct amount of the visit will be determined after the services are rendered. The name on the credit card should match the patient's name or the name of the responsible party.
9. We will accept assignment of Medicare patients. If patient does not carry a supplemental insurance, deductible will be due (if not met at the time) in addition to patient's 20%.
10. If surgery is required, payment based on patient's (or responsible party) insurance policy is required in full before surgery is scheduled.
11. If a 48 hour notice is not given for canceling, rescheduling, or missing an appointment, a \$25.00 fee will be charged for an appointment with Dr. Tamez; an additional \$25 fee will be charged if an appointment is also scheduled with the Audiologist.
12. Upon receipt of explanation of Benefits (EOB) from insurance carrier, any money paid above and beyond upfront collected amount based on insurance quotation of benefits, will be refunded in the same manner of payment.

Patient's or Authorized Person's Signature

I authorize Tejas Ear, Nose, and Throat, P.A. to examine, treat and perform diagnostic testing and office procedures as deemed necessary by the physician and/or the office staff acting under the physician's direction. I authorize Tejas Ear, Nose, and Throat, P.A. to release any information acquired in the course of my treatment to my insurance company.

Signature of Patient or Responsible Party

Printed Name of Patient or Responsible Party

Date