



DRS. GIRGIS & ASSOCIATES
Breathe Better, Hear Better, Sleep Better

FINANCIAL POLICY

We would like to thank you for choosing Dr. Girgis & Associates, S.C. as your medical provider. We are committed to providing you with the highest quality medical care in an efficient and cost-effective manner. To keep you informed of our current office and financial policies, we ask that you read and sign our financial acknowledgement prior to any treatment.

Cancelled/ No Show Appointments

If you are unable to keep your appointment, please call our office within 24 hours to reschedule or cancel. This will enable us to offer your time slot to another patient. We do charge a \$50 fee for all appointments no showed or canceled within less than 24 hours. You will receive additional information on our Cancellation/No Show Policy.

In-Office Procedure Billing

Your physician may need to perform an in-office procedure in order to correctly diagnose and/or treat problems in the ear, nose and throat. Some procedures include, but are not limited to nasal endoscopy, laryngoscopy, wax removal, hearing tests, and nosebleed cauterizations. These procedures will appear as a separate charge in addition to your office visit. Although these procedures are usually covered by insurance, patients are responsible for all out-of-pocket expenses including non-covered services, coinsurance and deductible amounts. Insurance classifies many of these procedures as surgical although they are performed in the office. Our office will make every effort to get prior authorization for these procedures. Given the nature of nuances in insurance policies, it is your responsibility to contact your insurance plan if you have questions regarding your coverage.

Patients Without Insurance

Full payment is expected at the time of service for office visits with the providers and for any testing or procedures done during your visit.

Insurance

It is your responsibility to be aware of your own coverage and to ensure that your insurance is in network with our practice. If your plan is out of network, you will be expected to pay in full for your visit at the time services are rendered. We do not bill insurances that are out of network. You will be financially responsible for any services not authorized by your insurance.

If your insurance requires a referral from your primary care doctor, it is your responsibility to obtain this prior to your appointment with our providers. If you do not have this, we may reschedule your appointment. If you are seen without proper authorization, you will be responsible for any out of pocket costs.

You will be asked to present your insurance card at every visit. This is to ensure that we have your correct insurance information so that we can properly bill the visit.

Co-payments

If your plan has a co-payment, it is your responsibility to inform the front desk staff. You will be expected to pay your co-payment at check-in. We are required under agreement with your insurance to collect this co-payment from you.

Patient Responsibilities

In the event that your insurance has paid its portion and a balance remains, it is your financial responsibility. We expect prompt payment of any co-insurance, deductibles or any other moneys due. You will be billed for any co-insurance and deductibles. We are required under our contract with your insurance to collect this money from you. All balances are to be paid in full prior to the time of your visit. Please be aware that some of the treatments or tests performed may not be

covered by your insurance and may not be considered by your insurance to be reasonable and medically necessary. We will remind you of these balances when confirming your appointment so that you can be prepared to pay them when you arrive at your appointment time. If your account becomes delinquent, Drs Girgis & Associates SC reserves the right to dismiss you from the practice. If you wish to remain a patient thereafter, we will keep a copy of your credit card on file so that we may charge any future outstanding balances.

Collections

Should it become necessary for us to turn your delinquent account over to a collection agency to collect the amounts owed us under the terms of your insurance coverage, you will be held responsible for any collection agency fees and/or attorney fees which will be 30% more than the actual charges for services rendered to you in our office. Further information that is helpful or necessary for collection purposes will be forwarded to our professional collection agency.

Workmen’s Compensation

If your injury is due to an accident at your workplace, please be sure to contact your employer and inform them of your injury. Failure to do so may result in your claim being denied. We will need prior authorization in order to make an appointment for you. Please be prepared to give all proper information when asked, so that we can get authorization from your workmen’s comp case manager. This way we will be able to bill your claim to the proper insurance company. Please bring your own insurance card to the appointment so that we can make a copy. Should workmen’s comp no longer authorize visits, you will be responsible to pay at the time of service for any office visits, procedures or tests that are ordered. If the workmen’s comp case goes into litigation you will be held liable for any unpaid services. If payment is not made in a timely manner your balance will be transferred to our collection agency.

Secondary and Supplemental Insurance

We will file to your secondary insurance, but be aware that not all secondary policies cover left-over balances from the primary insurance. You will be held responsible for the charges. If a co-payment is involved we will expect payment at the time of service even if you have two policies. Certain retirement plans have benefits which are based upon a complex set of patient responsibility criteria. With this type of plan, you may be responsible for a deductible and out-of-pocket maximum, over and above Medicare deductibles, before your plan will actually begin to pay benefits.

Medical Forms and Records

There is a charge of \$15.00 - \$35.00 for the printing of any medical forms, depending upon the number of pages and complexity of the information requested. Payment is due at the time you pick up the forms. Please allow 5-7 days to complete them. If you would like them mailed to you or to your insurance company, payment will be due prior to mailing. If you request a copy of your medical records, there will be a charge based upon the number of pages that are printed or copied. Payment for medical records will also be required prior to release. Physician to physician medical records will be sent free of charge.

Assignment of Benefits and Medical Records Release

I hereby authorize my insurance benefits to be paid directly to the physician signed above, realizing that I am responsible to pay non-covered services. I hereby authorize the release of pertinent medical information to insurance carriers.

I have read and understand the Financial Policy and agree to its terms.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date