



Head & Neck Surgical Associates

BOARD CERTIFIED PHYSICIANS

Head & Neck Surgical Associates Financial Policy

It is our goal to focus on providing the best possible care. Please take a moment to review our financial policies so that your visits can be as efficient as possible.

General

You are responsible for providing the most current insurance and billing information and to notify us of any change in your insurance status or mailing information. Please be prepared for your visit by having your paperwork filled out and your current insurance card with you. You are responsible for making sure we are in your network. Your insurance card will be checked at each visit.

Insurance

Co-payments for office services are due upon registration. You are responsible for understanding your own insurance benefits and for obtaining a referral if required by your insurance company.

If you arrive without the necessary information required to file your claim (for example, insurance card or referral) you may be asked to reschedule or sign information disclaimer form and pay \$50.00.

As a courtesy for surgery patients, we will verify coverage. However, coverage for any surgery is not guaranteed by our office because insurance companies do not guarantee benefits.

You will be billed for any deductibles, co-pays or coinsurance or any service which the insurance company deems the patient's responsibility. Office tests & procedures may be considered part of your deductible, co-pay or coinsurance.

FMLA Forms

There is a \$15.00 Charge for filling out FMLA paperwork. Any major changes or refiling will require \$15.00 payment also.

Self-pay

Payments for cosmetic surgeries are due at least 10 days prior to your scheduled surgery services.

If you are uninsured, you are required to pay \$150.00 prepayment towards service rendered at registration. You are responsible for all charges.

Payments

We accept cash, checks, and all major credit cards. There is \$20.00 charge for returned checks.

Inability to pay a bill may be determined by Financial Hardship forms being filled out by the patient.

Billing or Insurance Questions

Please contact the billing office at 913-663-5151 regarding any billing or insurance questions or if payment arrangements need to be made.

I have read and understood the financial policy of Head and Neck Surgical Associates, P.A. and agree to its terms.

Patient Name:

Patient Signature _____ Date _____

Parent or Guardian Signature _____ Date _____