Otolaryngology Physicians Of Lancaster
Board Certified Ear, Nose and Throat Specialists

Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601
Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522
Office 717-733-4891
www.lancasterent.com

Financial Policy Agreement

OPL is committed to providing the best possible care for our patients. All paperwork must be filled out prior to seeing the physician. We will need to scan or photocopy your insurance card(s) and your photo identification when you check in for your appointment. Your clear understanding of our Financial Policy Agreement is important to our professional relationship. Please let us know if you have any questions regarding our fees or your financial responsibility.

- **Appointments** - Please provide at least 24 hours notice when cancelling an appointment. Failure to appropriately notify the office of a cancellation may result in a "No-Show" fee of $25.00. If your appointment requires an interpreter, please provide at least 72 hours notice when cancelling an appointment. If you fail to appropriately notify the office of a cancellation, you may billed for the interpreter services and a "No-Show" fee of $25.00.
- **Forms** - There is a $30.00 charge for the completion of FMLA, disability and life insurance forms. This fee will be collected prior to the delivery of the forms.
- **Referrals** - If your insurance plan requires a referral from your primary care physician, it is your responsibility to obtain the referral prior to your appointment. If our office has not received the referral your appointment may need to be rescheduled.
- **Co-payments** - By law and as required by the insurance company, we must collect your designated co-pay. This payment is collected at the time of check-in. If you do not have your co-pay at check-in, your appointment may need to be rescheduled.
- **In Office Procedures** - As part of your exam or post-operative care, in office procedures such as scopes, biopsies and cauterization, may be needed to further assess your condition. Some in office procedures may not be covered by your insurance. You are responsible for the balance not covered by your insurance carrier.
- **Insurance** - We will submit a claim to your insurance carrier. All patients are responsible for their co-pay and deductible. If we do not receive payment from your insurance carrier within 45 days, you will receive a statement in the mail for the full amount of the charges.
- **Non-Participating Plans** - If we do not participate with your insurance, you will be required to pay a deposit for services at the time of check-in. You will receive a statement in the mail for the remaining balance of the charges. It is your responsibility to pay this balance. Once you have paid in full, you may submit the claim to your insurance for reimbursement.
- **Self Pay Patients** - OPL offers a discount for all self pay patients when they pay for their visit on the day of service. **You will be required to pay a deposit for services at the time of check-in. The remaining balance/credit will be sent to you via mail.** In office procedures must be paid for at the time of check-out to receive the discount. If surgery is needed, OPL requires a deposit equal to 50% of the estimated surgery charges to be paid at least 10 days prior to the date of surgery. The remaining balance is due within 30 days after the date of surgery. For those that would like to pay the balance in full prior to surgery, a 15% discount may be applied. Please discuss surgical charges with the Surgical Coordinator.
- **Worker's Comp and Auto Insurance Claims** - We will submit a claim on your behalf. You will need to provide us with the claim number and a copy of your notification of Compensation Payable. In addition, you will need to provide us with your medical insurance information. If your Worker's Comp/Auto Insurance claim is denied, we will bill your medical insurance. You are responsible for the balance not covered by your insurance.
- **Consent for Treatment (Adult)** - Patients over the age of 18 who are unable to consent to their own medical treatment, complete necessary paperwork, or communicate the reason for their visit must be accompanied by their Power of Attorney (POA). If the POA has completed all of the necessary paperwork and has appointed another person or treatment facility to consent to medical treatment in their absence, the POA need not be present.

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- **Consent for Treatment (Minor)** - Guardians, Foster Parents and all non-biological persons who bring a minor patient to their appointment will be required to present court orders and/or other documentation proving that they have been given authority to consent to the minor patient's medical treatment. Please contact the office prior to the appointment to make arrangements to obtain all required paperwork. Prior to the appointment, please verify that we have received your completed paperwork. Failure to complete paperwork in its entirety, or to provide appropriate documentation may result in the need to reschedule the appointment.
- **Divorced/Separated Parents of Minor Patients** - The parent that consents to the treatment of the minor is responsible for the payment of services rendered. OPL will not be involved with any separation, divorce or custody disputes.
- **Collections** - You are responsible for the timely payment of your account. Should it become necessary for us to use an outside agency to collect payment from you, you will be responsible for the fees associated with doing so.

By signing below, I am authorizing the payment of medical benefits be made to Otolaryngology Physicians of Lancaster for all services rendered. I understand that I am responsible for the payment of all services rendered that are not covered by my insurance. I authorize Otolaryngology Physicians of Lancaster to release information regarding my health care, treatment or supplies, to my insurance carrier. This information will be used for the purpose of evaluation and payment of claims.

Additionally, you agree, in order for us to service your account or to collect monies you may owe, Otolaryngology Physicians of Lancaster, and or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails using any email address you provide to use. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing device as applicable.

I/We have read this disclosure and agree that Otolaryngology Physicians of Lancaster, its employees and/or agents may contact me/us as described above.

_____ _____

Patient Signature Date

Please use the section below if you are signing on behalf of a minor or as a legal guardian

_____ _____

Parent/Legal Guardian Signature Date

_____ _____

Parent/Legal Guardian Print Date