



## Financial Policy

Thank you for choosing Modern Nose Clinic as your healthcare provider. We are committed to providing quality medical care. Please understand your bill is considered part of your care plan.

- **Insurance verification:** We will verify your insurance coverage at every visit. It is each patient's responsibility to supply all current insurance cards. We will ask you for a copy of your driver's license or other picture identification.
- **No proof of insurance/No insurance:** If you do not have insurance, or cannot provide proof of insurance at the time of service, a pre-payment of \$100 is required before services are provided. Patients with no insurance: The cash fee will be presented and collected PRIOR to all services.
- **Co-payments:** All office visits require a co-payment from your insurance company. A \$5 fee will be required for any co-payments not made at the time of service.  
Inaccurate insurance information: we charge \$10 fee for re-billing insurance due to inaccurate insurance information given by the patient at the time of service.
- **Payment types:** We accept Cash, checks, Visa, MasterCard, Discover, and American Express. A \$25 fee will be assessed for any returned checks.
- **Payment Plan:** A payment plan can be arranged with the billing office. Any account over 90 days old will receive an additional \$5 billing fee per month until the account is paid in full.
- **Referral:** If your insurance company requires a referral from your Primary Care Provider (PCP) to see a specialist, it is your responsibility to obtain a referral/authorization prior to your appointment. Any unauthorized charges will be your responsibility.
- **Minor patients:** Legal parents/guardians accompanying a minor to a visit are responsible for full payment. We will not be involved in negotiating between parents in custody disputes.
- **Diagnostic tests:** As a specialty clinic, diagnostic services such as endoscopy, hearing tests, CT scans, and sleep studies are often necessary for the highest quality care. There is a separate charge for each of these services and insurance plan may cover them differently.
- **Insurance billing:** as a courtesy to our patients, we will submit claims to your insurance carrier for you. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered by your plan, or how it will be covered by your plan. Each patient is responsible for knowing the details/rules of their health plan(s).
- **Prior Authorization:** as a courtesy to our patients, we will obtain prior authorization when required by your insurance. As your insurance company disclaimer states a prior authorization approval is not a guarantee of payment.



**MODERN NOSE CLINIC**  
Sinus. Allergy. Snoring. Hearing

Douglas J. Skarada, MD  
Nahmjee Lee, DMD

I understand it is my responsibility to know my insurance benefits and to pay for the non-covered and non-paid services.

I hereby authorize Modern Nose Clinic LLC to release any medical information required for insurance claims and permit direct payment to Modern Nose Clinic LLC for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to co-payment, co-insurance, deductible, or non-covered services.

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Signature of patient or Responsible party

Date

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Print Patient name of legal representative

Relationship to Patient