ct ENT
Sinus Center | Hearing & Balance

CT ENT HIPAA and Privacy Notice/Authorization for Billing and Collection/ Messaging CONSENT

I authorize and request my insurance company to pay directly to the CT ENT any health benefits resulting from care received in that facility. I understand that my insurance company may NOT cover all services rendered on behalf of me or my dependents and agree to assume responsibility for any services not covered. I consent to the release to my insurance company of any medical record (except psychiatric) necessary to resolve claims for services rendered. I understand that co-pays, deductibles, co-insurance and any services not covered by an insurance company are my responsibility and are DUE IN FULL AT THE TIME OF SERVICE. **Credit and Collection Policy Statement**

1. For your convenience, we accept Checks, Cash, and Credit Cards. 2. CO-PAYMENTS must be paid in full on the date of service. Co-payments are legally part of your insurance contract and cannot be waived under any circumstances unless your insurance contract stipulates there is no co-payment for services rendered on that day. Co-payments are determined and charged by your insurance company. Co-payments are traditionally charged for rechecks and are always charged for each patient seen. If you have any questions regarding when you owe a co-payment, please contact your insurance company. 3. Our office will charge a fee of $25.00 to your account for NSF checks that are returned by the bank. After a NSF check has beep returned on your account, we will request payment be made by cash or credit card only. 4. If a personal balance for a copay, coinsurance or deductible is due after insurance has responded for a date of service a statement will be sent to the responsible party. Payment in full is expected upon receipt of the first statement. DO NOT DISREGARD ANY STATEMENTS YOU RECEIVE. Our office will make every effort we can to collect a balance before sending to collection, but we need your cooperation. 5. Remember that payment arrangements can be made at any point during this process prior to the account being sent to a collection agency. However once these steps have been taken, we cannot reverse the process of collections nor the disengagement from the practice in general.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY NOTICE

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW THIS MEDICAL PRACTICE'S NOTICE OF PRIVACY PRACTICE WHICH IS POSTED IN THE RECEPTION AREA AND THAT I MAY REQUEST A COPY OF ANY AMENDED NOTICE OF PRIVACY PRACTICES AT EACH APPOINTMENT. My signature indicates that I have been given the opportunity to read the HIPAA and Privacy policy notice and consent to the guidelines set forth. By signing this form, I am consenting to allow CT ENT to use and disclose my protected healthcare information (PHI) to carry out treatment, payment, and health care operations (TPO). I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I choose not to sign this consent, or later revoke it, CT ENT may decline to provide treatment to me.

MESSAGING

I agree to allow CT ENT to contact me by ANY of the following methods that I have provided: home phone, work phone, mobile phone, text, email, and regular mail regarding my private health information, evaluation and treatment and appointment scheduling. I authorize CT ENT to leave messages for me when I am unavailable. Please indicate any RESTRICTIONS ON LEAVING MESSAGES OR CONTACTING YOU by any of the aforementioned methods:

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I certify that the medical, medication information and personal history statements I provide are true and correct. I am aware that it is my responsibility to inform the doctor or other health professional of my current medical or health conditions and to update this history. A current medical history and accurate medication list is essential for the caregiver to execute appropriate treatment procedures.

_____ _____ _____

Signature of patient/guardian Printed name Date