



**Lubbock**  
SINUS DOCTOR

OTOLARYNGOLOGY-HEAD AND NECK SURGERY

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Ear, Nose & Throat  
Laser Surgery  
Hearing Testing &  
Hearing Aids

## PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing Dr. Stan Potocki and Dr. William Fell to serve the health care needs for you and your family. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. As part of this relationship, we have outlined our expectations for your financial responsibility in our Patient Financial Responsibility Policy. Please read this document thoroughly.

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### Address Change

- It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information. We mail out lab results, pathology and appointment information in addition to billing statements.

### Co-payments, Deductibles and Co-Insurance

- **Co-payments are collected at the time you check out.**
- Insurance deductibles and fees for services not covered by your insurance policy, if known, are due at the time the service is rendered. We accept cash, check and most major credit cards.

### Billing

- If you owe additional money after your visit, you can expect to receive a statement. Statements are mailed out on a monthly basis. Payment is expected within 10 days of receipt of your statement.

### Failure to Pay

- Patients who ignore collection notices and fail to pay their balance risk having the account turned over to a collection agency, negative credit ratings and possible dismissal from the practice.
- Past Due accounts may hinder your ability to have appointments scheduled.
- In the event of a past due account, our office will attempt to collect this debt up to 90 days using the information we are given by way of address, home phone number, cell phone number, responsible party information. After 90 days accounts go to a collection agency with the same information used for collection.
- Should your account balance become uncollectible or if you file bankruptcy, **we will continue to see you on an emergency basis only for 30 days, giving you time to find a new source of medical care.**

### Fees

- Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve we reserve the right to charge a fee for canceled or missed appointments. **If you must cancel an appointment, we require a minimum of 24 hours' notice.**
- There is an administrative fee for completing forms such as DMV, physical forms, FMLA, leave of absence, disability, etc. Most forms require 5 to 7 working days to research your information and complete the form.
- There may be additional charges applied to your account if we are asked to copy medical records per patient request or participate in a Deposition or Phone Consultation on your behalf.

### Guarantor

- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges
- incurred. **If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. This policy includes individuals negotiating divorce agreements.**

### Insurance

- **It is important for you to be an informed consumer, who understands the specifications of your insurance policy (eg, vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests, urgent care facility care). Your health insurance policy is a contract between you and your Health Insurance Company or employer. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations and limits on outpatient charges regardless of whether or not our physicians participate.**

- **You must present a current insurance card at each visit.** As a courtesy to you, we will bill your insurance company directly for medical services rendered. If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them prior to making it your responsibility. However, please be advised that you are nevertheless ultimately financially responsible for payment of medical services rendered.
- ***If you do not present a current insurance card, you will be responsible for payment at the time of your visit. You will receive reimbursement from the office of Dr. Stan Potocki and Dr. William Fell if your insurance pays the claim at a later date.***
- If your insurance carrier is not one with which we participate, you are responsible for payment in full. Insurance plans and Medicare consider some services to be “non-covered”, in which case you are responsible for payment in full.
- You have a responsibility to provide information to our office so a claim can be properly submitted. If your insurance company has not paid a claim on your behalf within 90 days, the balance will be transferred to your account and you will be responsible for payment. If we receive payment at a later date, you will be reimbursed.
- If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of pocket fees and coverage limits.
- Dr. Potocki and Dr. Fell contract with many insurance plans. Before your appointment, please be sure your doctor is in-network and the services are covered under your plan. If your doctor is out-of-network, you will be billed for the cost of care.
- If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith.

#### **Minors and Dependents**

- Parents and guardians are responsible for payments for their dependents the time services are rendered.
- Minors and dependents must present a valid insurance card at each visit if a claim is to be filed. The accompanying parent or adult is responsible for full payment at the time of service. ***In case of divorce, please do not place our office in the middle of marital disputes.*** It is your responsibility to work out the payment of your child’s medical care between the custodial and noncustodial parent. **If someone other than the legal guardian of a minor will be accompanying the minor to an appointment, you will need to furnish a signed, handwritten permission release for the minor to be treated.**

#### **Non-Emergency Appointments**

- Outstanding balances or failure to pay co-payments upon check-out may result in appointments being rescheduled.

#### **Prompt Payment**

- Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. Payment is due at the time services are provided or upon receipt of a statement from our billing office.

#### **Referrals and Authorizations**

- Please be aware of and provide any required referrals or authorizations in advance of the appointment of service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt, contact your plan directly for clarification.

#### **Refunds**

- A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our office.

#### **Self-Pay Patients**

- Self-pay Patients should be prepared to pay at the time of each visit.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date