

LOUISIANA EAR, NOSE, THROAT & SINUS (LENTS) POLICIES AND CONSENT TO TREAT

Our physicians and staff are committed to providing the highest quality medical care to our patients. To ensure our ability to do so, we have established the following policies. This information is provided to prevent misunderstanding concerning payment and professional services.

- **Insurance Card:** LENTS participates with a variety of insurance plans. It is your responsibility to bring your current insurance card to every visit to ensure we have the correct filing information. Eligibility for coverage by health insurance plans is not a guarantee of payment. If it is determined that you are not eligible for coverage, you will be required to pay in full for all services when rendered. In the event a claim for payment submitted by LENTS to my insurance carrier (including Medicare and Medicaid) is denied, I hereby authorize LENTS to seek administrative review of the disputed claim in accordance with the applicable provision(s) of my plan or policy. If my plan or policy is provide pursuant to the Federal Health Benefits Act, this review process will include, but is not limited to, a review by the Office of Personnel Management.
- **Payment Due At Time of Service:** You are required to pay any primary insurance co-payments, deductibles, and/or coinsurance at every appointment. LENTS accepts cash, checks, Visa, MasterCard, American Express, Discover, and CareCredit.
- **Self-Pay Patients:** You are required to pay in full for services rendered at the time of service. If you are unable to pay in full, you must make payment arrangements with a Patient Accounting staff member prior to your appointment.
- **Referrals:** You are responsible for obtaining any required referrals for treatment. If you do not have the necessary referral prior to your appointment, you will be responsible for payment at the time of service.
- **Non-participating Provider:** We will file your insurance claim as a courtesy; however, payment is due in full at the time of service.
- **Secondary Insurance:** We do file claims with secondary insurance plans, but you must pay co-pay/deductible.
- **Medicare:** We accept Medicare Assignment.
- **Medicaid:** LENTS providers accept Medicaid. However, Medicaid patients are required to have a referral from their primary care physician in order to be seen by specialist providers such as LENTS. It is the patient's responsibility to have the referral sent to our office and appointments will not be scheduled until the referral has been received. Additionally, if it is determined that Medicaid coverage is not valid at the time of service, the patient will be responsible for the total cost of services rendered.
- **NSF Checks/Pre- or Post-Dated Checks:** Checks returned for insufficient funds (NSF) will incur a \$25.00 charge, and we will automatically redeposit the check. If the check is returned a second time, another \$25.00 service charge, plus the face of the check will be charged back to the patient's account, and will be due immediately in an alternate form of payment. If you need to pre- or post-date a check, please make that arrangement with our cashier prior to the appointment.
- **Collection for Non-Payment:** You will be responsible for any and all costs involved in collection for non-payment. This includes collection agency fees, legal and/or court costs and billing fees.
- **Care of a Minor:** If the patient is a minor (17 year and younger), a parent/guardian must sign below. An unaccompanied minor is responsible for any payment due at the time of service, as well as presenting all required referral and insurance information.
- **No-Show Fees:** For non-cancellation of surgery or specialized testing, there will be a \$75.00 no-show fee. There is a \$25.00 re-scheduling fee if re-scheduled more than once.

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- **Notice of Privacy Practices:** LENTS Notice of Privacy Practices tells you how we will use and disclose the information we collect and keep about you. It also provides you with information about your rights as our patient. We are required to provide you a Notice of Privacy Practices. By signing below, you acknowledge receipt of our Notice of Privacy Practices. You may receive another copy at any time in the future. This notice is also posted throughout our office.
- **Patient Photographs:** Photographs may be taken at a visit for identification or surgery purposes and when necessary are considered to be part of the medical record. As such, they will be subject to all the protection that other personal health information receives.
- **Consent for Treatment:** By signing below, the patient consents to all treatment given under the general and special instructions of the attending provider. Treatment may include, but is not limited to: diagnostic procedures, administration of anesthetics, use of prescribed medication(s), medical and physical therapy services, the collection and utilization of cultures and laboratory specimens, and referral to specialty services for radiology, physician consultation, and other medical services, all of which may be considered medically necessary or advisable in the judgment of the attending physician or their designee(s). If a LENTS healthcare worker comes in direct contact with a patient's blood or bodily fluids, I understand that the patient's blood may be tested for the Hepatitis B virus, Hepatitis C virus, and/or HIV (Human Immunodeficiency Virus) to determine whether or not the viruses are present, endangering the healthcare worker. The results of the testing will be made available to the patient.

By signing below, I acknowledge that I have thoroughly read, understand, and accept the policies of Louisiana Ear, Nose, Throat & Sinus (LENTS) and consent to treatment.

Patient Name (Print): _____ **DOB:** _____

Patient Representative Name (Print): _____

Representative's Relationship to Patient: _____

Patient/ Representative Signature: _____