

# WESTERN MICHIGAN ENT, PC

## BILLING POLICY

### Please Read Carefully:

1. Western Michigan ENT participates with the following insurances only: Medicare, Straight Medicaid, Cofinity, Aetna, BCBS, Blue Care Network, Priority Health, Humana, Physician's Care and Health Net Federal Services (Tricare).
2. It is the patient's responsibility to know their insurance coverage. Western Michigan ENT is not responsible to know what the patient's contract covers. Please be sure to contact the patient's insurance company before having any services to find out if the patient has coverage for that service being done.
3. Payment is expected at the time of service for any copays or deductibles not met. Patients are responsible for all services rendered, less payment received from their insurance company. Each service performed beyond the office visit is billed as an additional charge. Ex: Office visit with wax removal, Office visit with a nasal endoscopy, Office procedure with an audio, etc.
4. The patient is responsible for payment on any services not covered by their insurance policy. If we do not participate with the patient's insurance, the patient is responsible for what the insurance company does not pay for.
5. If the patient has a Master Medical rider on their insurance policy, payment is expected at the time of service. We will bill the patient's insurance company and a check will be sent to the policy subscriber.
6. Patients with no health insurance are expected to pay for services, in full, at the time of service. If the patient cannot pay in full, then payment arrangements must be made with our Billing Department @ 231-398-9536 ext. 1105 or 1117 prior to the patient's appointment.
7. Patient reminder calls are done by our office staff as a "COURTESY" to the patient. It is the **PATIENT'S RESPONSIBILITY** to call and cancel any appointments they are unable to keep. Please allow 24 hour notice when canceling an appointment to avoid a "No Show" fee. WMENT charges the following "No Show" fees for any missed appointments: \$30.00 for a missed office visit, \$60.00 for a missed office procedure, allergy testing, ENG or an ABR. Any missed appointment cannot be rescheduled until the "No Show" fee has been paid.
8. Workman's Compensation or Auto Accident billing must have a claim filed with the employer or insurance carrier. All appointments must be pre-approved. It is the responsibility of the patient to get all insurance information including the following: claim number, contact person and phone number, insurance carrier or workman's comp carrier address. If the claim is denied, the **patient** is responsible for payment.
9. We will pre-authorize any surgeries that require pre-authorization from the patient's insurance company. Please be advised that a pre-authorization is **not** a guarantee of payment. The patient will be responsible for payment if the surgery is denied.

I have read and understand the above billing policies.

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
Date