

PAYMENT AGREEMENT

The physicians at Mile High Otolaryngology specialize in the area of otolaryngology (ear, nose and throat). A specialist office visit is often more expensive than a visit to a primary care physician. Many health insurance companies require you, as the patient, to obtain a referral from your primary care physician in order to visit a specialist. It is important that you understand the requirements your insurance has established in order for your consultation with a specialist to be a covered benefit.

If, for any reason, your insurance company denies payment for services rendered by the physicians at Mile High Otolaryngology, it then becomes the responsibility of the patient or guarantor to pay for those services.

If you have health insurance, copayment is expected at the time services are rendered for an office visit. It is important to understand that many times copayments for specialist office consultations are priced higher than the copayment for your primary care doctor. If your health insurance has a deductible, you will be billed for the cost of services per the contracted rate your insurance company has established with our office.

For all surgical patients, a deposit may be required prior to surgery. Our office will bill the insurance company on your behalf. You will be billed any additional costs per your contract with your insurance company.

If you are a self-pay patient, please note that payment is due at the time services are rendered unless arrangements have been made prior to the appointment.

Additionally, please note that there will be a \$5.00 fee for returned checks.

Patients with delinquent accounts may be terminated as patients at Mile High Otolaryngology, and the accounts could be turned over to our collection agency.

NO-SHOW APPOINTMENT POLICY

Missed appointments or appointments not canceled in an appropriate amount of time are a lost opportunity for us to help another patient.

We ask that you make every effort to keep your scheduled appointment and to arrive on time.

We do understand there may be circumstances when you are unable to keep your appointment. We ask that you give us 24 hours notice of cancellation or reschedule.

Effective August 1, 2013, it is our policy to charge for all missed appointments or appointments that are not canceled and/or rescheduled prior to the appointment time.

A charge of **\$30.00** will be made for all new and established patients who do not show for their appointment or do not call prior to their appointment time to cancel and/or reschedule.

I have read and understand the payment agreement and no show policy, and agree to the terms set forth.

Patient/Guardian Signature

Date

Patient Name (Printed)

Guardian Name (Printed)