

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, a 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 for 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 provided.

Additionally, please note that there will be a **\$35 fee for any returned checks**. This fee will be billed to your account and must be paid prior to future appointments being scheduled.

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 AND CANCELLATION POLICY

Missed appointments or appointments not canceled **with at least 24 hours' notice** 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. If you must cancel or reschedule, **you are required to notify our office no later than 24 hours prior to your appointment time.**

A \$100 fee will be charged for any appointment that is missed, or canceled/rescheduled with less than 24 hours' notice.

These fees are the patient's responsibility and will not be billed to insurance.

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)