

Financial Policy

Thank you for selecting Children's ENT of Houston/Mednax (CENT) for your medical care. In order to prevent any misunderstanding over the responsibility of payment for medical and surgical services provided to our patients, we supply you with the following information:

The patient, guarantor, or the person bringing the patient (if the patient is a minor), is responsible for payment of any balance due following the office visit, test or procedure. We accept cash, personal checks (NSF charges), and credit cards (American Express, Discover, VISA, MasterCard). In the case of divorced parents, the parent bringing the child to the office is responsible for payment of any balance due at the time of service. Should you need documentation to secure reimbursement, a copy of the bill is furnished at each visit.

If a referral from your primary care physician is required by your insurance plan, it must be received in our office by your appointment time. If we have not received the referral by the time of your arrival, your appointment will be rescheduled. You will be asked for your insurance card and driver's license at the registration desk for identification purposes.

CENT Contracted Insurance Coverage

If you have coverage through an insurance company that has a contract with the doctor you are seeing, we require a copy of your insurance card and payment of your deductible and/or co-insurance at the time of service.

Non-CENT Contracted Insurance Coverage

If you have coverage through an insurance company that does not have a contract with the doctor you are seeing, we require a copy of your insurance card, and payment of your deductible and/or co-insurance at the time of service. We will file the claim as a service to you.

Medicaid (applicable plans)

If you have Medicaid coverage, we must be able to verify that you have coverage on the date of the visit. If coverage cannot be verified, you must either pay for the visit or reschedule the appointment. If, within three months after the visit, you receive a retroactive card that covers the date of the visit, payment will be refunded after Medicaid has paid for the visit. You must pay for non-covered services, such as swim molds, at the time of service.

Medicare

Office visits to a doctor are covered under Part B of the Medicare program. Medicare pays 80% of their allowable charges after you pay the \$147 annual deductible for the calendar year, and you are responsible for any non-covered services. If you have supplemental insurance, we will be glad to file it for you.

I have read all the information above and agree that, regardless of my insurance status, I am responsible for my account balance for any professional services rendered. Disclosed, non-covered medical services are my responsibility.

In the event my insurance company is billed, I irrevocably assign and transfer benefits to Children's ENT of Houston/Mednax. A photocopy of this agreement shall be considered as effective and valid as the original.

I authorize the release of any information pertinent to my claim to any insurance company, adjuster, or attorney involved in this claim.

I authorize CENT to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Signature of responsible party: _____ Date: _____

I authorize the release of any medical information necessary to process my claims.

Signature of patient (or guardian): _____ Date: _____