

## PATIENT FINANCIAL POLICY

### Insurance Billing

Our clinic submits claims for most types of insurance plans as a courtesy to our patients. Current insurance cards must be presented at each visit. If your insurance coverage cannot be verified, we require payment in full on the day of your appointment. It is your responsibility to verify with your plan if this practice and the provider you are seeing are in-network. It is also your responsibility to understand the details of your insurance coverage, including: annual deductible, copay/coinsurance amounts and procedure pre-authorization requirements.

### Copayments

All office copayments must be paid at the time of service or the appointment will need to be rescheduled.

### Out of State Medical Assistance

We accept Minnesota Medicaid. We do not accept out of state medical assistance plans unless prior arrangements have been made with our Business Office.

### No Insurance

Patients who have no verifiable insurance coverage will be asked to pay the visit in full at the time of service.

### Workers' Compensation

We submit all workers' compensation claims provided we have all of the following information: claim ID number, the date of injury, the name, address and phone number of the carrier, name of claim adjuster and employer information. You will also be requested to provide your health insurance information, so please bring your insurance card.

### Accident (Auto and Liability)

We will submit accident claims to the appropriate insurance carrier provided we have all of the following information; claim ID number, the date of injury or illness reported, the name address and phone number of the carrier and name of claim adjuster. You will also be requested to provide your health insurance information, so please bring your insurance card.

### Photo ID

The Federal Trade Commission's Red Flag Rules require our clinic to ask that a photo ID and insurance card be presented at each visit, even if you have been seen within the last 30 days.

### Minnesota Department of Health

The Minnesota Department of Health requires Ear, Nose and Throat Specialty Care to collect Race/Ethnicity/Language and insurance data, as well as "Patient Experience of Care" surveys.

### Referrals and Pre-Authorizations

Your insurance plan may require a referral/authorization from your primary care physician (PCP) in order for us to see you for a consultation, diagnostic services and/or surgical procedure. Under the terms of your coverage, it is your responsibility to obtain the appropriate referral/authorization prior to your visit. The referral/authorization must be written and must specify the number of visits and the type of treatment (consult, diagnose, treat) that we are authorized to render. In compliance with participating insurance carrier contracts, we cannot obtain a referral after services have been provided.

### Hearing Testing

Your specialist may recommend hearing testing based on your symptoms. Some insurance plans apply an additional copay for these services. Please contact your insurance company if you have questions regarding their coverage determination for these services.

### Other Commonly Performed In-Office ENT Procedures

As part of your examination, your specialist may order an in-office ENT procedure. This may include: fiber optic examinations of the nose, sinus and larynx/vocal cord. If such a procedure is performed a procedural fee will be submitted to your insurance carrier. You should know that your insurance carrier may refer to these routine parts of your specialist's consultation examination as procedures or even surgical procedures. Please know that these procedures are performed in order to allow your specialist to give you the most appropriate care available. If our office participates with your insurance carrier you will only be obligated to pay for any deductible, coinsurance and/or copays as agreed upon by you and your carrier.

### ENT Surgical Procedures

As part of your care plan, your specialist may order a surgical procedure. This may include procedures performed as outpatient, with an overnight observation or with a surgical admission at either an Ambulatory Surgery Center or Hospital based on facility guidelines. Although our clinic has many signed contracts with insurance companies, we are not able to know the details of your individual policy. It is your responsibility to verify with your plan if this practice and the provider you are seeing is in our network. It is your responsibility to verify if your plan coverage is restricted to a certain health system/network: Allina, Fairview, HealthEast, Mayo, North Memorial, University of Minnesota, etc. Not all of our providers have privileges at every health system – it is important to mention your preferred network when scheduling your consultation in order to be scheduled more appropriately. The clinic will obtain the necessary requirements prior to your procedure. Meeting this requirement is not a guarantee of payment from your plan and you will be responsible for all charges not paid by your insurance carrier. Any questions regarding plan benefits, network and/or your coverage of procedures should be directed to your insurance company.

*Questions regarding our Clinic Financial Policy should be directed to our Business Office*

**612.871.2410 | Monday through Friday 9am to 5pm**