ENT Ear, Nose & Throat Specialty Care

PATIENT BILLING & COLLECTION 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. However, it's important to know that you are ultimately responsible for the payment of all services received, whether or not they are covered by your insurance. Our Business Office can provide you with an estimate of our services prior to your appointment upon request. 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, provider network statuses, and pre-authorization/referral requirements.

Copayments

All office copayments are required to be paid at the time of service.

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 service, and/or surgical procedure. Under the terms of your coverage, it is your responsibility to obtain the appropriate referral/ authorization prior to your visit and ensure your insurance plan validates it. In compliance with participating insurance carrier contracts, we cannot obtain a referral after services have been provided.

Photo ID

To help protect your identity, we ask that a photo ID and insurance card be presented at each visit, even if you have been seen within the last 30 days.

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 for 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 asked to provide your health insurance information.

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 asked to provide your health insurance information.

Minnesota Department of Health

The Minnesota Department of Health requires us to collect race/Ethnicity/Language and insurance data as well as "Patient Experience of Care" surveys.

Hearing Testing/Audiology Services

Your physician may recommend hearing testing. 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.

Commonly Performed In-Office ENT Procedures

As part of your examination, your physician may order an in-office procedure. If such a procedure is performed a procedural fee will be submitted to your insurance carrier. Your insurance carrier may refer to these routine parts of your visit as procedures or surgical procedures. These procedures are performed to allow your physician to provide the most appropriate care available.

ENT Surgical Procedures

As part of your care plan, your physician may order a surgical procedure to be performed at an outside surgical facility, such as an ambulatory surgical center or hospital. It is your responsibility to verify with your plan if our physician and the surgical facility you will be going to are in your health plan network. Not all of our physicians have privileges with every health system – if your insurance plan restricts coverage to a certain health system or network, it is important to mention your preferred network when scheduling your consultation in order to be scheduled appropriately. Any questions regarding insurance plan benefits, network and/or coverage should be directed to your health insurance company.

Communication
We communicate unpaid balances via statements sent by mail or email. Typically, if the balance is not resolved after two statements, we will attempt to contact you via the patient portal or by phone call, text, mail, or email.

Payment Options
You can pay your balance using cash, check or credit card via several different ways:

- By calling our Business Office
- By using our payment website, which can be accessed from clicking "Pay Bill Online" on our website, www.entsc.com.
- Go to personapay.com/entsc/login.
- By using our Patient Portal.
- By using HealowPay.

If you need to set up a payment plan, it is your responsibility to contact us. The payment plan must be reasonable and consistent to keep your account in good standing.

Referral to Collections
When all our efforts have been exhausted and no effort has been made by the patient/guarantor, we may send the account to an outside collection agency. We will provide the collection agency with all the demographic and contact information we have available. Once a balance has been sent to our collection agency, any new appointments must be approved by the Business Office. Approval will be given if a payment plan has been established and payments are up-to-date. If you have a payment arrangement for the balance at our collection agency and have an outstanding in-house balance as well, a separate payment arrangement may need to be made if you can't pay the in-house balance in full. An outstanding balance is only deemed uncollectable when a patient is deceased. We will not withhold medically necessary care due to outstanding balances, however we do require a reasonable payment plan to be in place and up-to-date prior to the visit.

Disputes/Billing Errors
If an insurance company denies a charge or claim for a coding error, our coding department will review the claim and submit any corrections back to the insurance company for reconsideration. You will not receive a bill until the coding error has been resolved. If you feel a charge or bill is incorrect, it is your responsibility to contact our Business Office within 30 days of receiving the first bill. We will review the coding and charges and discuss with the physician as needed. We only submit coding corrections for the purpose of correcting an error, not for obtaining insurance payment. We will contact you after the review is complete with the results and what action, if any, will be taken. Regardless of the result, you will be responsible for the portion determined by your insurance.

Questions regarding our Clinic Financial Policy should be directed to our Business Office
612.871.2410 | Monday through Friday 9am to 4pm

MAJ 09.20.2024