

# Springfield ENT & Facial Plastic Surgery

3555 South Culpepper Circle  
Springfield, Missouri 65804  
(417) 887- 3855 / [www.springfieldent.com](http://www.springfieldent.com)

---

## FINANCIAL POLICY

Dear Patient:

In the interest of good practice, we believe that it is desirable to establish a financial policy for our patients. It is put in written form so that you may read it and keep a copy for your reference in the future. Our goal is to avoid any miscommunication or concerns regarding financial matters, and so that we may focus our energies on serving the healthcare needs of our patients. Please ask our staff if you have any questions about this. We appreciate the opportunity to participate in your healthcare!

- Patients are responsible for payment of all medical treatment and services provided.
  - Insurance copays shall be collected before being seen for each office visit.
  - Insurance copays for elective surgery shall be collected prior to the day of surgery.
- Our office participates with Medicare, Medicaid, and many other healthcare networks.
  - As a service to our patients, we shall file insurance claims for all covered services.
  - As a participating provider in a network, we shall accept the insurance company's allowable payment for covered services.
  - Patients are responsible for deductibles, co-payments, non-covered services, and out-of-network services. Payment for these shall be due at the time of visit.
  - Most health plans require a referral to be seen in our office. Our patients must ensure that their primary care physician's office has sent one. Without a referral, your insurance will probably not pay for your visit and treatment.
  - A current copy of your insurance card is needed at each visit; otherwise we will need payment in full at the time of your visit.
  - Patients must advise us of the need for precertification by your insurance for any services.
- Payment shall be considered past due 90 days after service is provided. Unless prior arrangements have been made, accounts may be referred to an outside collections service. This may result in additional costs for the patient.
- A \$25 fee shall be charged for all returned checks
- All patients who have declared bankruptcy with a balance due to Springfield ENT & Facial Plastic Surgery or are in a, "collection," status will be seen at the discretion of the office. Payment shall need to be collected on each visit before service is provided.
- For non-insured patients, Springfield ENT & Facial Plastic Surgery offers a 10% reduction in fee schedule for payment in full at the time of service.

Springfield Ear Nose Throat and Facial Plastic Surgery is authorized to provide any information requested by my insurance carrier.

Please let us know if we may better explain or clarify this policy in any way.

---

I have read, understand, and agree to this financial policy.

---

Printed name of patient, signature, & date

---

Printed name of responsible party, signature,  
& date