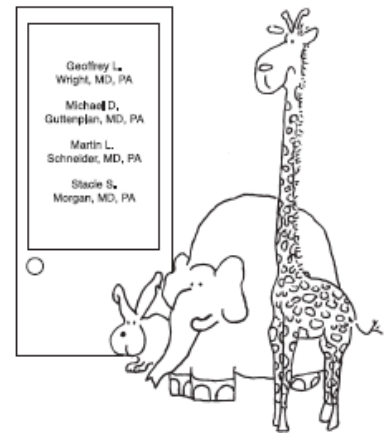


Panhandle Ear, Nose & Throat

ASSOCIATES, LLP

3501 South Soncy Road, Suite 140 • Amarillo, Texas 79119-6405
Office (806) 355-5625 • Fax (806) 352-2245



PATIENT PAYMENT POLICY

Thank you for choosing Panhandle Ear, Nose & Throat Associates, L.L.P. We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

How May I Pay?

We accept payment by American Express, Care Credit, Cash, Check, Debit Card, Discover, MasterCard, and Visa.

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If you have Blue Cross Blue Shield and your group number is 038000 or 038001 you need a referral from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you can sign the "Notice of Financial Responsibility Form" pay for your services in full today, or you will be rescheduled.

Panhandle Ear, Nose & Throat is contracted with:

AETNA (some policies require a referral from your primary care physician)
Alliance Provider Network
Blue Cross/Blue Shield of Texas – Group 038000 and Group 038001 require a referral from you primary care physician
BSA Provider Network
First Care
Humana Military
Medicare
Medicaid – Traditional Only – Children Only – (referral required from primary care physician)
PHCS
Southwest Health & Life
Unicare
United Healthcare

Panhandle Ear, Nose & Throat is NOT contracted with:

CHIPS	Coventry	Discount Cards	FirstHealth
GEHA (some plans)	HealthChoice	Mailhandlers	Workers Comp
Medicare Advantage / Replacement Plans		PPO Oklahoma	

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

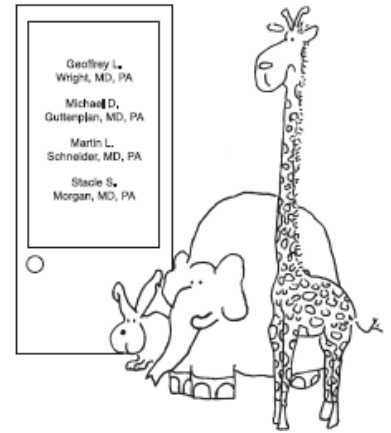
Office Visits and Other Services

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage plus deductibles."	Payment of the patient responsibility for all office visit, Cat Scan, injection, and other charges at the time of office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim as a courtesy to you.
HMO & PPO plans with which we have a contract	If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of the office visit. Call your insurance company to see if you need a referral from your Primary Care Physician. If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
HMO with which we are not contracted.	Payment in full for office visit, Cat Scan, injection, and other charges at the time of office visit.	File an insurance claim on your behalf.
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.	Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services. File an insurance claim on your behalf.
Medicare	If you have Regular Medicare, and have not met your deductible for services received in the current year, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. If you have Regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit. If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% copay is requested at the time of the visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare Advantage or Medicare Replacement Plans	We are not a contracted provider; you will need to find a contracted provider.	We are not a contracted provider; you will need to find a contracted provider.

If You Have...	You Are Responsible For...	Our Staff Will...
Medicare HMO We are not a contracted provider	All applicable copays and deductibles at the time of the office visit. Call your insurance company to see if you need a referral from your Primary Care Physician.	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicaid – Traditional Only – Children Only	To bring your Medicaid card to every appointment. To make sure you have a current referral from your Primary Care Physician. Payment of the patient responsibility—non-covered services—at the time of the visit.	File an insurance claim on your behalf.
Worker's Compensation	We are not a contracted provider; you need to find a contracted provider.	We are not a provider for Worker's Compensation Claims.
Worker's Compensation (Out of State)	We are not a contracted provider; you need to find a contracted provider.	We are not a provider for Worker's Compensation Claims.
Occupational Injury	We are not a contracted provider; you need to find a contracted provider.	We are not a provider for Worker's Compensation Claims.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

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PATIENT PAYMENT POLICY ACKNOWLEDGMENT

If your Physicians Recommends Surgery

The physician and his/her nurse will schedule a surgery date usually 1 to 2 weeks out, giving the office staff time to complete all pre-certification/authorization if your insurance company requires it.

Insurance companies require that we call and pre-certify/authorization the surgery. Once we have acquired pre-certification/authorization from the insurance company, our office staff will contact you and request a pre-surgical deposit. The deposit amount is an estimated calculation of which depends on your coverage and deductible amount. A cost estimate is your financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained. Payment of this estimated deposit will be expected at the pre-op appointment. The pre-certification/authorization from your insurance company is not a guarantee of payment from your insurance company.

You may or may not be scheduled for a pre-op appointment. If you have a pre-op appointment, the physicians nurse will answer specific questions about the surgery, the surgery process; discuss the paperwork and tests involved. You will be scheduled a post-op appointment. The post op appointment will be booked 10 days to 2 weeks from the date of the surgery.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors at all the patient's visits. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

ACKNOWLEDGMENT

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Panhandle Ear, Nose & Throat Associates, L.L.P.

I authorize Panhandle Ear, Nose & Throat Associates, L.L.P. to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Date

Patient / Responsible Party Signature