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FINANCIAL POLICY

Insurance

Insurance is a contract between you and your insurance company. It is your responsibility to understand your benefits and coverage before receiving any care from our office. It is also your responsibility to pay any deductible, co-insurance, or any other balance not paid by your insurance. Managed care plans, Health Maintenance Organizations (HMO), or Preferred Provider Options (PPO) benefits vary from plan to plan. Insurance companies may deny payment or reduce benefits if medical care is obtained outside of the plan's covered benefits.

*Please check with your insurance carrier or employer for clarification of coverage or need for a referral *before* your appointment.*

Payment Policy

Payment for services provided to you is ultimately your responsibility. Charges not covered by your insurance company are payable in full within 30 days of receiving the bill. Co-payments and non-covered services are to be paid at the time of service. **Waiver of co-pays may constitute fraud under State and Federal law.**

Patients with delinquent accounts will be required to make a \$100 payment towards their balance at the time of service. Patients with an outstanding balance of \$1000 or greater will be asked to pay 10% of their balance. If you are unable to make mutually agreeable payment arrangements, we will be glad to reschedule your appointment.

Self-pay

Patients without insurance coverage, patients covered by insurance plans in which the clinic does not participate or patients without an insurance card on file with us. **Deposits of \$200 for New Patients and \$100 for Established Patients** are due at the time of check-in. Two options are available for payment of the balance: 1) A 15% discount is available if you pay in full at the time of service; or 2) We can send you a statement. Prior to any additional services being rendered, self-pay patients are required to pay in full. It is never our intention to cause financial hardship on our patients, only to provide them with the best care possible with the least amount of stress. We are willing to work with you on a payment arrangement for the balance of your account if necessary.

Signature _____ Date: _____

Sublingual allergy drops require payment in full prior to drops being mixed. We do not bill your insurance for the fees associated with sublingual immunotherapy (allergy drops).

Non-covered services require payment in full prior to services being rendered.

Payment Methods

For your convenience, we accept cash, checks, credit cards, and debit cards. Although some payment arrangements may be available, you are urged to use your own bank or credit union to finance extended payments.

Returned Checks

There is a fee of \$25.00 for checks returned by the bank for non-sufficient funds.

No Show Policy

A “no-show” is someone who misses an appointment without cancelling within 24 hours. A failure to be present at the time of a scheduled appointment will be recorded in your medical record as a “no-show”. We understand that urgent circumstances could arise that might prevent you from cancelling your appointment ahead of time. As a courtesy, we will not post a charge for a first no-show appointment. For a second no-show appointment, a \$25.00 fee will be billed to your account. **A third no-show appointment will result in a discharge from our clinic.**

Assistance Paying Your Bill

DeFatta ENT & Facial Plastic Surgery realizes that medical costs can be an unexpected expense. We will work with you to create reasonable payment plans if you are unable to pay your bill all at once. It is important that you let us know as soon as possible if you will have difficulty paying your bill.

Non-covered Services

I realize that if I have services rendered that are not covered by my insurance, I will be responsible for the payment of the service and all associated charges incurred by me or by my dependent(s).