

**FINANCIAL POLICY**

Geneva Woods Ear, Nose, & Throat does not have a contract with your insurance company. As a patient of this clinic, a contract exists between you and GWENT. Regardless of your coverage, you, as the patient, are ultimately responsible for all charges incurred. Statements are printed and mailed monthly, with balance due at time of receipt.

**AUTHORIZATIONS & PROCEDURES**

It is your responsibility to preauthorize office visits with your insurance company. Charges not covered by insurance or balances after insurance payment are your responsibility. If you are not sure if a particular service is covered, it is your responsibility to contact your insurance carrier in advance for verification. **GWENT IS NOT A PPO PROVIDER OR CONTRACTED WITH ANY INSURANCE COMPANY.**

**USUAL & CUSTOMARY CHARGES**

Your insurance company may pay according to their usual and customary fee scale. GWENT does not set fees based on insurance company guidelines. In the event that your carrier determines a service to be "not covered" or "above the usual and customary" charge, you will be responsible for the balance due.

IF YOU HAVE...	YOUR RESPONSIBILITY....	GWENT WILL....
<b>Medicare</b>	Yearly deductible, co-pay and any services not covered by your insurance.	File your claim on your behalf.
<b>Medicaid</b>	<b>Current coupon must be provided at time of visit.</b> Medicaid patients over 18 must pay \$3.00 co-pay at time of visit.	File your claim on your behalf.
<b>Private Insurance</b> (Except for Federal Blue Cross)	Yearly deductibles, co-payments and any services not covered by your plan.	File your claim on your behalf.
<b>Uninsured, Liability and Auto Claims</b>	Payment in full at the time of each visit.	Provide you a copy of your billing for reimbursement.
<b>Work-related Injuries</b> (Alaska Dept. of Labor claims only)	Provide insurance carrier information, claim number, date of injury. Controverted claim balances will become patient responsibility.	File your claim.
<b>Federal Workers' Compensation</b>	We do not accept.	
<b>Self Pay</b>	Payment is required prior to being seen by a physician.	

*As a courtesy to our patients, we will submit your insurance for you. It is important that you realize that we are not your insurance company. If you have difficulty or frustration with the speed of payment or the amount of payment by your carrier, please direct that frustration to the insurance carrier.*

**INDEPENDENT PROVIDERS**

Your physician may order services or testing that is independent from GWENT. These organizations will bill the patient directly for services rendered. Our clinic may provide billing information to these providers.

**MISSED APPOINTMENTS**

Unless cancelled 24 hours in advance, a \$25 missed appointment fee will be billed to your account.

**FORMS OF PAYMENT**

For your convenience, payments may be made by cash, check, Visa, MasterCard, or American Express. We also accept Care Credit for surgical procedures.

**I HAVE READ, UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY:**

X \_\_\_\_\_  
Signature of Patient, Authorized Rep

Date: \_\_\_\_\_

X \_\_\_\_\_  
Relationship to Patient

Patient Name \_\_\_\_\_