

FINANCIAL POLICY

Geneva Woods Ear, Nose, & Throat is a preferred provider for Blue Cross, Aetna and Cigna. 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

If we are not contracted with your insurance company it is your responsibility to preauthorize office visits with your insurance. 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.

USUAL & CUSTOMARY CHARGES

If we are not contracted with your insurance company they 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....
Medicare	Yearly deductible, co-pay and any services not covered by your insurance.	File your claim on your behalf.
Medicaid	Current card must be provided at time of visit. Medicaid patients over 18 must pay \$3.00 co-pay at time of visit.	File your claim on your behalf.
Private Insurance	Yearly deductibles, co-payments and any services not covered by your plan.	File your claim on your behalf.
Uninsured, Liability and Auto Claims	Payment in full at the time of each visit.	Provide you a copy of your billing for reimbursement.
Work-related Injuries (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.
Federal Workers' Compensation	We do not accept.	
Self Pay	Payment is required prior to being seen by a physician.	

As a courtesy to our patients, we will submit to 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, American Express and Discover.

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

X _____
Signature of Patient, Authorized Rep

Date: _____

X _____
Relationship to Patient

Patient Name _____