SOUTHERN UTAH EAR NOSE THROAT ALLERGY AUDIOLOGY AND FACIAL PLASTICS

617 E RIVERSIDE DR SUITE 201 ST GEORGE UTAH 84790 P-435-628-3334 (all information is kept private)

Please print legibly

Patient Name:

Last: First: Middle:

Mailing Address: City: State: Zip:

Physical Address: _____

Birthdate: Cell/Preferred Phone#: Do you prefer Text or Voice (please circle one)

Gender: Marital Status: Age: Social Security#:

Race: Ethnicity: Email:

Responsible Party: Responsible party address:

Responsible Party Birthdate: Is Responsible Party Also Insurance Subscriber? Y or N

If not: Insurance Subscriber: _____ Insurance Subscriber Birthdate: _____

Emergency Contact: Relation: Phone#

Primary Care Provider: Last seen: Referred By:

Insurance: _____

HIPAA PRIVACY:

Notice of Privacy Policy and Authorization to release information (HIPAA): I understand that Southern Utah Ear Nose and Throat Offices cannot release any of my medical records or information without my consent. I hereby authorize this person (s) to have access to my medical records:

_____ (spouse or family)

_____ (physician/medical facility)

This will stay in effect until I send a letter in writing to Southern Utah Ear Nose and Throat stating to terminate this agreement. I automatically authorize my Insurance Company and referring doctor/provider to receive any and all of my medical records.

PLEASE TURN THIS FORM OVER FOR FINANCIAL POLICY AND SIGNATURE

Southern Utah Ear Nose Throat Audiology and Facial Plastics Financial Policy:

Insurance: Knowing your insurance benefits and eligibility is your responsibility. We are Medicare and Utah Medicaid providers. We also take commercial insurance plans, please contact your insurance company to see if we are providers with them, as well as to know your coverage and benefits. If you are on a high-deductible insurance plan (deductible over $2,000 dollars) **our office will collect a deposit upfront**, before your visit. You guarantee payment of all charges incurred on your behalf and understand you are responsible for any remaining balance after insurance payments and adjustments. A denial from your insurance company does not release you from paying if seen or treated by the providers at Southern Utah Ear Nose and Throat. We will appeal insurance denials but ultimately you are responsible for payment of services as set forth herein. If you live outside of Utah, your insurance may not pay for some/or all of your services. We will bill Nevada, Arizona, California and other state insurances as a courtesy but if they do not pay for your services, you may owe the remaining balance(s). You understand that it is your responsibility to provide correct/updated insurance information and that this office will bill your insurance as a courtesy. **Should any unpaid balance be referred to a third-party collection agency, as allowed by Utah Code Annotated, sec. 12-1-11, you will also be responsible for a collection fee(s) of up to 40% of the principal amount(s) owed, plus any attorney fees and/or court costs. Each referral to a collection agency may result in a report to a credit bureau and may negatively impact your credit score.** By signing, you acknowledge that Southern Utah Ear Nose and Throat, including its attorneys and assignees, may have legitimate business purposes in calling you to discuss this account and we will bear the cost of any charges associated with such calls. This includes automated calls. Once an account is turned over to collection agencies, you must contact them to resolve the balance.

Procedures billing to Insurance: The majority of procedures performed at our office are billable to your insurance company. Diagnostic scopes, sinus debridement's, audiology testing, hearing tests, CT scans, allergy testing and any other service performed may require an additional copay or may be applied to your deductible/coinsurance or another copay. For self-pay patients, a list of self-pay fees can be obtained before the service is performed. Please ask the front office or a medical assistant for this before the procedure.

Surgery billing: If you have surgery performed by one of our surgeons, outside of our office at St George Regional Hospital or at a surgery center, you understand there are 3 bills for your surgery; the surgeons bill, facility bill and anesthesia bill. There may also be lab or other facility bills, depending on the nature of your surgery.

Non-covered services: Please be aware that some of the services you receive from our office, may not be covered or are considered investigational by your insurance company. Examples may be hearing instruments, scopes, CT scans, Audiology services, Latera implants, Clarifix, etc. We will always check with your insurance first to go over your benefits or see if they need authorization but you may have to pay for these services in full if insurance does not pay the claim or pay after we appeal. If you have any questions, please ask us before you receive any of these services.

Self-pay patients: Charges for self-pay patients are due at the time of service. Please ask a receptionist when you check in at our office and they can give you a list of all self-pay prices of our procedures. We do give a self-pay discount on these services. We ask if you have a procedure same day, to stop at the front office on your way out and pay.

Hearing aid purchase: If you purchase hearing aids through our Audiology department, you are agreeing to pay the full agreed amount **on our hearing aid contract (**the amount is populated after you pick your hearing aids) regardless of insurance benefit, what the E.O.B states or fee schedule amount. This is typically only when you upgrade hearing aids to a more advanced or premium hearing aid.

Missed/No show appointments: Southern Utah Ear Nose and Throat has a no show and cancellation policy of $50 dollars if you no show your appointment or cancel under 24 hours of the appointment date.

Please sign below. Thank you.

_____ _____

Signature of patient or responsible party Date