312 Westside Drive, Douglas, GA 31533
(912) 384-2200 phone (912) 383-7992 fax

2016 Pineview Avenue, Tifton, GA 31794
(229) 391-3440 phone (229) 386-2082 fax

Jeffrey L. Silveira, MD

EAR, NOSE, & THROAT CLINIC
OF COFFEE COUNTY

FINANCIAL POLICY

Patient Name: _____ Date: _____

Responsible Party: _____ Relationship: _____

ENT CLINIC OF COFFEE COUNTY is committed to meeting your health care needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this we ask that you adhere to the following guidelines. We submit all personal checks electronically.

****PLEASE INITIAL ON EACH LINE****

_____ All co-payments are due at the time of service, before your appointment. We accept check, (we submit all personal checks electronically), cash, debit cards, health flex spending cards, and all major credit cards. We also offer Care Credit, (a patient payment plan). Please inquire at check-in. There will be a $30 returned check charge.

_____ It is your responsibility to provide us with your current address, telephone number and insurance information at each visit. If you do not have proof of your current insurance at your visit you will be considered a self-pay patient for that visit and payment will be due in full that day.

_____ It is your responsibility to contact your insurance carrier to confirm that our physician participates with your plan and you understand your insurance benefits and requirements.

_____ If we do not contract with your insurance provider you will be responsible for the entire bill at the time of service. We can submit a claim to your insurance as a courtesy just so that they will have it on file.

_____If you have a procedure, we bill only for our physician services. You should receive a separate bill from the facility, and/or other providers (Ex: Anesthesia, Pathology, etc...)

_____ Ear, Nose, and Throat Clinic will not become involved with any disputes in regards to co-insurance, deductibles, Primary/Secondary coverage conflict with Insurance Coverage. This is the responsibility of the insured. Ear, Nose, and Throat Clinic will not become involved in responsible guarantor party disputes.

Patient Signature: _____ Date: _____
(Guarantor/Responsible party if patient is a minor)