

Robert L Roberts, DO      James Chan, MD  
 Hillary Lowenstein, MD    John Topping, MD

**Patient Policies for Mt Scott ENT and Sleep Medicine**

**Insurance:** We are contracted with most insurance plans. If you are not covered by a plan that we do business with payment in full is expected at each visit. It is the responsibility of the patient to know their insurance benefits. Please, contact the insurance company with any questions regarding coverage.

**Co-Payments and Deductibles:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of the patient’s contract with their insurance company. We understand that occasionally circumstances arise where this isn’t possible, in which case we are willing to bill you for your co-payment; however, a \$25 billing charge will be added to your bill. This is not payable by your insurance. Failure on our part to collect co-payments and deductibles can be considered fraud by your insurance company. Please, help us uphold the law by paying your co-payment at each visit.

**In Office Procedures:** Please, be advised that during your visit the doctor may need to perform an in-office procedure. This can include the use of an endoscope to look at your nasal passages or throat. These procedures are medically necessary for the doctor to accurately diagnose your condition. Employing the use of these exams and procedures is the standard of care for providing complete and comprehensive otolaryngology services in an office setting.

**Insurance companies will consider all of these procedures “surgical.”** We do not have control over how endoscopies are interpreted by insurance companies. Diagnostic endoscopies are always considered “surgical,” despite the fact that no surgical instruments are used. We notify you of this issue in advance so you are no surprised when you receive an explanation of benefits from your insurance company that states a “surgical service” was provided. Also, surgical services may be reimbursed or paid at a different rate than an office visit and may be applied towards a deductible.

**(Please initial and date)**

**Non-Covered Services:** Please, be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or customary by Medicare and other insurance carriers. These services must be paid for at the time of your visit. In addition, some medications prescribed by the doctor may require prior authorization or may not be covered at all by your insurance company. If prior authorization is needed we will assist you in any reasonable manner to obtain medication coverage. However, insurance coverage for your prescriptions is ultimately beyond our control.

**Proof of Insurance:** All patients must complete our patient information form prior to seeing the doctor. We must have a copy of your current insurance card in order to bill your insurance. We ask that you bring your card with you to each visit. If you fail to provide us with current insurance information, you will be responsible for the balance of your claim at the time of service.

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**Insurance Claim Submission:** We will be happy to submit both your primary and secondary insurance claims on your behalf provided that you have supplied us with the necessary billing information. We will assist you in any reasonable manner to get claims paid. Your insurance company may on occasion ask you to provide them with additional information. It is your responsibility to comply with that request. Please, be aware that the balance of your claim is your responsibility whether or not your insurance pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract. Please, be aware that Oregon Law requires insurance claims to be paid within 30 days of submission. If they do not comply the balance will be billed to you.

**Insurance Coverage Changes:** If you have an insurance change, please let us know prior to your next visit. This enables us to make the appropriate changes and help you achieve your maximum insurance benefit.

**Cash Patients:** Patients who choose to pay cash will receive a 40% discount if paid in full at time of service. Acceptable forms of payment are cash, personal check or credit card. This discount does not apply to hearing aids, equipment or accessories or Cosmetic procedures.

**Returned Checks:** If your check is returned for insufficient funds, there be a \$25 fee added to your account, in addition to the amount the check was for. These fees must be paid in full prior to any future appointments.

**Nonpayment:** If your account is over 90 days past due it will be referred to a collection agency. By signing this agreement you are authorizing The Clinic to release all information needed to secure payment.

**Late to Appointment Policy:** If you are an established patient and you arrive 10 minutes late or more to your appointment you will likely be asked to reschedule unless the physician's schedule can still accommodate you. Priority will be given to the patients who arrive on time and you may have to be worked in between them. This may mean you will have a considerable wait. If this is not convenient for you, you may choose to reschedule. One or two late patients cause the entire daily schedule to fall behind. This is an inconvenience to everyone. We strive to see every patient as close to their appointment time as possible.

Likewise if you are a new patient and you arrive **at** the scheduled appointment time and not early to complete your forms as instructed and it takes more than 15 minutes to complete the forms and registration process, you may also be asked to reschedule.

**Missed Appointments:** We reserve the right to charge \$35 for missed office visits, \$125 for missed in office surgeries, and \$50 for missed sleep studies. These charges will be billed directly to you and must be paid in full prior to additional visits.

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**Paperwork and Letters:** Please, be advised that extensive paperwork and letters written on your behalf may be subject to a \$25 fee.

**Prescription Refills:** Please, call your pharmacy for all prescription refills. They will contact our office for necessary information. Please, allow 24-48 hours for all requests. Please, note that an additional 48 hours is necessary if prior authorization is required by your insurance company. Please, be sure that all refill requests are received by 4:30pm on Thursdays; the on-call physician will not refill prescriptions over the weekend.

**Motor Vehicle Accidents:** We do not bill auto insurance. You will be required to pay all charges at the time of service. We can provide you with a billing form that you can provide you insurance company.

**Worker's Compensation:** We do not see patients for Worker's Compensation visits.

**On-call Physicians:** Our practice is covered 24 hours a day 7 days a week by a group of 5 Ear, Nose, and Throat for emergencies only. Please, understand that routine prescription refills, appointment scheduling and billing questions are not issues that the on-call physician can help you with. Please, call during regular business hours with all non-urgent inquiries.