

# PATIENT PAYMENT POLICY

Thank you for choosing Panhandle Ear, Nose & Throat. We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

## How May I Pay?

We accept payment by American Express, Cash, Check, Debit Card, Discover, MasterCard, and Visa.

## Do I Need A Referral?

Some Insurance Plans require referrals to see specialist, it is your responsibility to know and have a referral in place before you come to your appointment. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain your referral. If you are unable to obtain the referral at that time, you can sign the "Notice of Financial Responsibility Form" pay for your services in full today (we will file your claim), or you will need to reschedule until you and your primary care doctor get the referral completed.

**Panhandle Ear, Nose & Throat is contracted with:** *We may be contracted on other plans / carriers not listed below.*

AETNA – (most plans) (We are OUT OF NETWORK for AETNA City of Amarillo)

BCBS – Blue Cross Blue Shield

BCBS – Federal

BCBS – HMO – **referrals are required by your primary care physician**

BSA Provider Network

Caprock Health Plans (Cap Care)

CIGNA – (most plans)

First Care HMO

GEHA – (most plans)

Humana (most plans)

Humana Military

IMS – OMNI is IN NETWORK, BSA is IN NETWORK – (if IMS is Alliance = OUT OF NETWORK)

Maxor

Medicare

Medicare Advantage Plans – (most plans)

Medicaid – Traditional – Children Only – (referral required from primary care physician)

Medicaid – First Care – Star, Star Plus, CHIP, Superior – Children Only – (referral required from primary care physician)

MultiPlan

PHCS

Railroad Medicare

Tri-Care All Products – **Prime requires a referral from your primary care physician**

United Healthcare

United Healthcare – **Health Select Group requires a referral from your primary care physician**

UMR

## Panhandle Ear, Nose & Throat is **NOT** contracted with:

Alliance Network

Amerigroup Medicaid

Coventry

Discount Cards

FirstHealth OK

JO Wyatt

Love Lace Community Health Plan Meritain Medicaid

Prominence Health Plan

Oklahoma Medicaid

PPO Oklahoma

Workers Comp

## What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

### Office Visits and Other Services

If You Have...	You Are Responsible For...	Our Staff Will...
<p>Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage plus deductibles."</p>	<p>Payment of the patient responsibility for all office visit, Cat Scan, injection, and other charges at the time of office visit.</p>	<p>Call your insurance company ahead of time to determine deductibles and coinsurance for office and surgical testing and procedures.</p> <p>File an insurance claim as a courtesy to you.</p>
<p>HMO &amp; PPO plans with which we have a contract</p> <p>HMO plans require referrals from your primary care physician. If you do not have a referral, you do not have benefits for your services.</p>	<p>If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of the office visit. <u>Call your insurance company to see if you need a referral from your Primary Care Physician.</u></p> <p>If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit.</p>	<p>Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you for office and surgical testing and procedures.</p> <p>File an insurance claim on your behalf.</p>
<p>HMO with which we are not contracted.</p>	<p>Payment in full for office visit, Cat Scan, injection, and other charges at the time of office visit.</p>	<p>File an insurance claim on your behalf.</p>
<p>Point of Service Plan or Out Of Network PPO</p>	<p>Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.</p>	<p>Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services for office and surgical testing and procedures.</p> <p>File an insurance claim on your behalf.</p>
<p>Medicare</p>	<p>If you have Regular Medicare, and have not met your deductible for services received in the current year, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p> <p>If you have Regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit.</p> <p>If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% copay is requested at the time of the visit.</p>	<p>File the claim on your behalf, as well as any claims to your secondary insurance.</p>

If You Have...	You Are Responsible For...	Our Staff Will...
Medicare Advantage or Medicare Replacement Plans	<p>Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.</p> <p>Call your Insurance Carrier to see if you have to have a referral to a specialist from your primary care physician.</p>	<p>We accept most of the Advantage Plans. Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services for office and surgical testing and procedures.</p> <p>File an insurance claim on your behalf.</p>
Medicare HMO We are <b>not</b> a contracted provider	<p>Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.</p>	<p>File the claim on your behalf, as well as any claims to your secondary insurance.</p>
Medicaid <ul style="list-style-type: none"> <li>– <b>Traditional</b></li> <li>– <b>First Care, Star, StarPlus, CHIP</b></li> <li>– <b>Children Only</b></li> <li>– <b>11 years and younger</b></li> </ul>	<p>To bring your Medicaid card to every appointment.</p> <p>To make sure you have a current referral from your Primary Care Physician.</p> <p>Payment of the patient responsibility—non-covered services—at the time of the visit.</p>	<p>File an insurance claim on your behalf.</p>
Worker's Compensation	<p>We are not a contracted provider; you need to find a contracted provider.</p>	<p>We are not a provider for Worker's Compensation Claims.</p>
Worker's Compensation (Out of State)	<p>We are not a contracted provider; you need to find a contracted provider.</p>	<p>We are not a provider for Worker's Compensation Claims.</p>
Occupational Injury	<p>We are not a contracted provider; you need to find a contracted provider.</p>	<p>We are not a provider for Worker's Compensation Claims.</p>
No Insurance	<p>Payment in full at the time of the visit.</p>	