

MCCALLA ENT FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing the doctor.

We accept Cash, Check, Visa/Mastercard or Discover.

Regarding Insurance

We may accept assignment of benefits depending on the type of insurance policy you currently participate with. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Regarding Insurance Plans where we are a participating provider. All co-pays and deductibles are due the day of the treatment. In the event that your insurance coverage changes to a plan where we are not a participating provider, you will be responsible for the bill.

I request that payment for authorized Medicare or Medicaid benefits be made to Mary McCalla, M.D., on behalf for any services furnished. When appropriate, Dr. McCalla reserves the right to select situations to accept assignment. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information need to determine these benefits payable for related services.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date _____
Signature of Patient/Responsible Party