



FINANCIAL POLICY FOR  
 SAN ANTONIO HEAD & NECK SURGICAL ASSOCIATES P.A. DBA EAR, NOSE & THROAT  
 CLINICS OF SAN ANTONIO, P.A.

We are committed to providing you the best available medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time. Our professional relationship will be enhanced by your clear understanding of our Financial Policy. Thank you for your review and acceptance of this policy.

- All new patients must fully complete our Patient Information Form before seeing the doctor.
- Full payment for our services is due at the time of service, unless other mutually agreed upon arrangements are made with our office staff.
- **INSURANCE:**  
 You are responsible for timely payment of your account. Insurance is a contract between you and your insurance company. We are NOT a party to this contract, nor can we become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. Our involvement will be limited to supplying factual information to facilitate claim processing.
  1. HMO and PPO  
 Co-Payments will be required to be made at the time of your visit, as well as deductibles, when applicable.
  2. Medicare  
 We are participating Medicare providers, thus we accept assignment on your claims. We are required by Medicare to file your claims for you. Medicare will pay us directly and provide you an (EOB) Explanation of Benefits detailing allowances, payments, or denials.
  3. Third-Party (not HMO/PPO) or Supplemental (secondary)  
 We do not file claims to companies for which we are not providers or with which Medicare does not coordinate benefits. We will provide you with the information you need to submit your primary or secondary claim.

I have read and agree to accept the Financial Policy as set forth by San Antonio Head & Neck Surgical Associates, P.A. DBA Ear, Nose & Throat Clinics of San Antonio, P.A.

\_\_\_\_\_  
 SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SS#

BUSINESS OFFICE  
 SAN ANTONIO HEAD & NECK SURGICAL ASSOCIATES P.A. DBA EAR, NOSE & THROATCLINICS OF  
 SAN ANTONIO, P.A.