

PATIENT ASSIGNMENT OF BENEFITS, CONSENT TO ELECTRONIC STATEMENTS AND NOTICE OF IN-OFFICE PROCEDURE BILLING

02/2024

ASSIGNMENT OF BENEFITS & CONSENT TO ELECTRONIC STATEMENTS

I hereby authorize and direct my insurance company, including Medicare if I am a Medicare Beneficiary, to make payments to Independence Ear, Nose & Throat for medical or surgical services or items rendered to me or my dependent(s) by Independence Ear, Nose & Throat.

I understand as a patient of Independence Ear, Nose & Throat that I remain personally responsible for the total amounts due to the office for services rendered. Should my insurance carrier deny Independence Ear, Nose & Throat, I understand that I am financially responsible for the charges.

I authorize Independence Ear, Nose & Throat to release any and all of my medical records to my insurance company, or any third-party payer, legally responsible for the payment of medical expenses. I understand that it is my responsibility to update any and all personal insurance and health information so that claims can be filed in a timely manner. I agree that a photocopy of this agreement shall be considered as effective and valid as the original.

I authorize the above practice and / or its designated provider to send electronic account statements and invoices to my email address on file. I understand that I will not receive a copy of any such invoice via U.S. Mail. I understand that it is my responsibility to maintain a current email address on file with the practice at all times.

This authorization will remain in effect until I provide written notice of cancellation to the practice. I understand that I can cancel the authorization only for future services. Authorization for services already rendered cannot be cancelled or refunded.

NOTICE OF IN-OFFICE PROCEDURE BILLING POLICY

Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately and in addition to the office visit charge. Independence Ear, Nose & Throat is aware that some insurance carriers are classifying these procedures as “surgery” and apply the charges to a higher co-pay or deductible amount. The result may be insurance payment for an “office visit” but not the for the in-office procedure. In such cases, payment for the in-office procedure will be due from the patient. Be assured we are following accepted billing and coding guidelines and that all procedures are performed in the best interest of patient care.

Examples of in-office procedures include (but are not limited to):

- **Flexible Laryngoscopy:** This procedure involves passing a long, thin, flexible fiber-optic scope through the nasal cavity and into the throat. The fiber-optic scope enables the provider to visualize areas of the throat not seen using laryngeal mirrors.
- **Nasal Endoscopy:** This procedure uses the flexible or rigid scope attached to a light source to view areas of the nasal cavities that cannot be viewed by the provider using the standard nasal speculum and head mirror.
- **Nasal Endoscopy with Debridement or Biopsy:** This is the same as above with removal of crusting or tissue.

Please speak to a member of our staff if you have additional questions regarding any of the policies contained on this form.