GemStateENT
& HEARING PROFESSIONALS

Welcome to Gem State ENT and Hearing Professionals; thank you for placing your trust in us! We are committed to providing the best possible care, and ensuring clarity in your financial responsibilities is an essential part of that.

YOUR HEALTH INSURANCE POLICY: Your policy is a contract between you and your insurance company. It is your responsibility to know the specifics of your insurance coverage and whether Gem State ENT and Hearing Professionals is in- or out-of-network.

REFERRAL OR PREAUTHORIZATION: If needed, we will engage your referring physician or insurance company. However, it is your responsibility to ensure the referral or authorization is received in advance.

HEALTH CARE COMPANIES/PLANS: Please call your insurance company prior to your appointment to determine if your physician is in network with your plan. We will submit a claim to your plan, and you will be expected to pay the co-payment and/or other financial obligations. Per your insurance company, we are expected to collect all co-payments and co-insurance/deductibles when you arrive for your appointment.

PAYMENT IS DUE AT THE TIME OF SERVICE: We accept checks, Visa, Mastercard, Discover, American Express or cash. If you are unable to make your co-payment or pay toward your balance or your co-insurance/deductible, your appointment could be canceled or rescheduled. All bounced checks will be charged a $20.00 fee.

INSURANCE CARD AND REFERRAL PAPERWORK: Please bring a current copy of your insurance card and current authorization if required by your insurance company. If proof of insurance is not provided, you may be expected to make payment in full at the time of your appointment.

Medicaid patients are required to bring a current copy of their card or proof that an application is in process, as well as Medicaid documentation that the visit will be a covered service.

Healthy Connections patients will also need to bring their Healthy Connections referral or make arrangements for their primary care physician to send it to us prior to their visit.

PATIENTS WITHOUT INSURANCE COVERAGE: If you do not have insurance coverage, charges incurred will be your responsibility, and payment is expected at the time of service.

BY SIGNING BELOW, YOU INDICATE YOU UNDERSTAND EACH OF THE FOLLOWING:

- Accounts with a past-due balance can be sent to a financial management/collection agency without further notice.
- Insurance may not cover all services and supplies. If your health plan determines a service or supply is not covered, you will be responsible for the non-covered charges. Payment for non-covered services is due upon receipt of a statement or notice from our billing office.
- I have read and understand the financial policy of Gem State ENT and Hearing Professionals PLLC and agree to be bound by its terms. I also understand that such terms may be amended without notice by the practice, and if I refuse to sign and continue to seek/receive care, my agreement with this policy is implied.

Signature: _____