



Financial policy

West Texas ENT & sinus Institute is here to serve your needs as a patient. It is our intention to create an experience for patients that will limit demographic trends relating to pay for services we provide. Our staff is prepared to provide patients with any assistance or resources possible in making payment arrangements for services. We ask the patient recognize their responsibility to understand what services the insurance covers as well as what documents are required to assure that payment is made. The financial policy details the expectations of West Texas ENT and sinus Institute as they relate to patients making payments for provided services. Patients should acknowledge the following policy requirements.

1. The patient, or their designated guarantors responsible for payment of services.
2. Office charges, copayment, and applicable deductible amounts are due at the time of service unless otherwise specified. Payment may be made in the form of cash, Cashier's check, money order, debit card, or credit card. No personal checks will be accepted.
3. Arrangements for coinsurance amounts or procedure deposits must be made prior to the scheduled procedure date in order to prevent possible delays in providing the services.
4. Patients are responsible for a \$50 charge for no-shows. This payment is due when the patient comes for their next appointment in addition to their co-pay. The patient is considered a no show when they confirm the appointment within 48 hours and do not show up for the appointment.
5. Patient account balances are due within 30 days of the receipt of the billing statement unless otherwise specified.
6. After 90 days, if no arrangements have been made for payment, or if no payments have been received within the past 45 days, then collection proceedings will begin.
7. If your account has been sent to collection agency then full payment will be expected at time of service.

We ask that each patient sign these documents part of his or her registration at West Texas ENT and sinus Institute in accordance with the following statement:

I _____, (patient/guarantor), acknowledge that I have received the latest financial policy statement.

(Patient/guarantor's signature)

(Date)