

PATIENT FINANCIAL RESPONSIBILITY

This is an agreement between **Evergreen Sinus Center/** Kenneth D. Faw MD PS and the Patient/Guarantor named on this form.

Insurance: Insurance is a contract between you and your insurance company. In some cases, we are NOT a party in this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance as well as any change of insurance information. **Failure to provide complete insurance information may result in the patient or guardian being responsible for the entire bill.** It is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. **If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it.** Failure to obtain the referral and /or preauthorization may result in a lower payment or no payment from the insurance company, and the balance will be your responsibility.

Payment: Unless we approve other arrangements in writing, the balance on your statement is due upon receipt. We may require determination regarding an extended payment arrangement. If payment is not received, we reserve the right to refuse future appointments on delinquent accounts.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. This statement will reflect any payments received and/or any new charges incurred.

Payment options if you have insurance:

- A. You will be asked to pay your co-pay at the time of service by cash, check, or credit card (VISA or Mastercard).
- B. It is your responsibility to verify insurance coverage and eligibility with your insurance carrier prior to service.

Payment options if you have no insurance:

- A. Payment is expected on the day that treatment is rendered. You may pay by cash, check or credit card (VISA or Mastercard).

Return Checks: There is a fee of \$15 on any checks returned by the bank.

Divorce: In the case of divorce or separation, the party responsible for the account prior

