

Evergreen Sinus Center

Welcome,

Evergreen Sinus Center represents the practice of **Kenneth D. Faw MD** with a special emphasis on rhinology and sinus disease. The practice is within the offices of **Evergreen ENT** conveniently located in the modern Evergreen Surgery and Physician Center in Kirkland, Washington.

Our goal is that you will experience a compassionate, comprehensive approach and obtain relief from the ENT problems that are troubling you.

We want to answer as many of your questions as possible at your visit.

Please prepare for this by bringing:

- 1) Health Insurance Card and Co-Pay if required.
- 2) A friend or family member to take notes and help with questions.
- 3) A list of all medications you are taking.
- 4) A list of your questions and concerns.
- 5) A copy of your recent CT scans (not the reports - please get the actual films).
- 6) Copies of records from doctors related to your sinuses, nose, allergies or lungs.

Please take time to complete the following forms before you get to the office:

- 1) **Patient Information** - Please fill out and sign.
- 2) **Patient Financial Responsibility**- Please read carefully and sign
- 3) Download, print and fill out either an **Adult Medical History Form (2 pages)** or a **Pediatric Medical History Form (2 pages)**

Our web site **www.evergreensinus.com** contains directions to our office adjacent to Evergreen Hospital.

Please call 425.899.3838 ext 2222 if you have any questions

To your health,

The staff of Evergreen Sinus Center

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 to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will remain responsible for subsequent charges. In a divorce case if a decree requires the other parent to pay all or part of the treatment costs, the authorizing parent is responsible for collecting from the other parent. Ultimately

