INTERMOUNTAIN EAR, NOSE & THROAT SPECIALISTS/ UTAH HEARING AND BALANCE CENTER

PATIENT CONDITIONS OF TREATMENT AND FINANCIAL AGREEMENT

This document is an agreement between Intermountain Ear, Nose and Throat Specialists (or “IENT”) and/or Utah Hearing and Balance Center (or “UHB”) and the Patient and/or the Patient’s Guarantor (“You”). In consideration of the health care services provided to you or the Patient and on all other accounts for future health care by IENT/UHB, you agree as follows:

1. CONSENT FOR TREATMENT. You consent to health care, including radiology/CT, audiology procedures, anesthesia, medical, surgical, and/or diagnostic treatment by IENT/UHB, its physicians, medical assistants, and staff, as directed by the patient’s physician, or consultants selected by that physician. You understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury. You acknowledge that no one has made any guarantee to you about the result of treatment or examination by IENT/UHB.

2. FINANCIAL AGREEMENT. You agree to pay your IENT/UHB’s regular fees or if you have health insurance or health benefits coverage, the rate IENT/UHB has negotiated with that benefit provider. A financial deposit (that will be applied toward your total bill) will be required before seeing your doctor if insurance or other arrangements are not in place prior to service. This deposit does not represent the total charges for the visit. Extended payments should be discussed with the business office. You agree to pay 1.5% interest per month if your account becomes more than 30 days past due. Acceptable forms of payment are cash, check, VISA, MasterCard, Discover, American Express, or money order. For any account not paid in 60 days you agree to pay a recovery charge of up to 40%. If IENT/UHB refers your account to an attorney or collection agency, you agree to pay attorney’s fees and collection expenses.

3. INSURANCE SUBMISSION AND ASSIGNMENT OF BENEFITS. You authorize IENT/UHB to apply, on your behalf, to Medicare, Medicaid, or any other insurance for payment of IENT/UHB health care services. You confirm that the information you have provided to allow IENT/UHB to apply for payment by any health care insurance or benefit is correct. You authorize insurance, health plan, or statutory benefits, settlements and judgments to which you are entitled in connection with your IENT/UHB health care services to be paid directly to IENT/UHB. In consideration of the health care services provided, you give IENT/UHB an irrevocable assignment to all rights you have in your insurance, health plan, statutory benefits, settlements and judgments for which you are entitled, as necessary for payment for your health care service. You agree that you are financially responsible for charges that are not covered by this assignment and that you are responsible for satisfying any conditions necessary for insurance or health benefits.

4. CO-PAY COLLECTION. Per your contract with your insurance company(s), all co-pays must be satisfied each and every visit. There can be no exceptions due to legally binding contracts and uniform compliance rules. Therefore, if your current (specialist, if applicable) co-pay is not collected at time of service, a $15.00 service charge will be added to your account balance to offset billing costs.

5. INSURANCE PLAN RESTRICTIONS. You understand it is your responsibility to contact your insurance company regarding your plan benefits and exclusions. Exclusions may include, but are not limited to, whether the doctor you are scheduled to see is a provider for your plan, whether certain tests are covered benefits, and if your plan requires a referral before seeing a specialist, Some plans have reduced benefits for restrictions, while others simply refuse to pay if you receive services outside of your contract. You are also responsible for all deductibles and charges not covered by your insurance as specified in your insurance plan contract.

6. SECONDARY INSURANCE. Having more than one insurer does not necessarily mean that your services are covered 100%. Secondary insurers have specific guidelines, stated in your contract with them, for what they will consider for payment in coordination with your primary insurance payment. We bill your secondary carrier as a courtesy. You are responsible for any balances after your insurance(s) has cleared. If the subsequent insurer carrier doesn’t pay after 45 days, we may turn the balance due to your responsibility. Subsequent insurance billing may be subject to a billing fee of $5.00 per claim.

7. DIVORCE DECREES. This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

8. MINOR PATIENTS. The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless services have been pre-authorized by the parents (or guardians) and payment has been made before or at the time of service in accordance with item number 3 above.

9. LABORATORY, SPECIALIST AND FACILITY REFERRALS. During the course of treatment, your doctor may find it necessary to order additional tests or refer you to a different specialist for treatment. IENT/UHB will make every effort to comply with your insurance plan’s guidelines; however, it is your responsibility to inform us of any lab or facility restriction. It is your responsibility to verify whether you can see the physician and/or specialty service we refer you to. Our experience has been that, even with an “approval” from a pre-certifying entity from your insurance company, authorizations are not always a guarantee of benefits. IENT/UHB will not be held responsible for decisions your insurance plan makes retroactively. Fees and insurance contracts of facilities and physicians not employed by IENT/UHB are under separate contract and IENT/UHB will not bear responsibility in any way.

10. RETURNED CHECKS. If a check or credit card transaction has been returned to us by your financial institution for insufficient funds, IENT/UHB will reverse the payment amount and add a $30.00 service fee to cover our costs. This includes declined credit cards used for payment plans.

11. BROKEN APPOINTMENTS. When you make an appointment, we reserve an increment of time to minimize time spent waiting to see the physician in our office. When a patient misses their appointment, it takes away precious time the physician could be spending treating another patient. As a result, IENT/UHB reserves the right to charge a $30 fee for standard appointments and up to $75.00 for extended services including but not limited to in office procedures, CT, Audiology testing, dizziness workups, etc. that are not cancelled with a 24 hour notice.

BY SIGNING, YOU INDICATE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THESE TERMS, YOU HAVE RECEIVED A COPY OF THIS DOCUMENT, AND THAT YOU ARE THE PATIENT, THE GUARANTOR, THE PATIENT'S LEGAL REPRESENTATIVE, OR LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT AND ACCEPT THESE TERMS.