

# Ear Consultants of Georgia, P.C.

## OFFICE POLICY REGARDING MANAGED CARE INSURANCE

In order to accommodate the needs and requests of our patients we have enrolled in many managed insurance programs.

While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all of the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and, even more importantly, where those services may be performed. These requirements also change from time to time.

Even with the same insurance company the plans differ depending upon what type of contract your employer has negotiated.

Providing quality medical care for our patients is our primary concern. We are willing to provide that care within your insurance contract guidelines if you let us know at each time of service what those guidelines are.

**It is your responsibility, as the patient/insured, to be aware of the current terms of your insurance coverage. All co-pays, by contract, must be paid at the time of your visit. If your yearly deductible has not been met, this must be paid at the time of your visit. We collect that before you see the doctor. If you do not have your co-pay/co-insurance at that time, you will need to reschedule your appointment. If you do not have insurance, or insurance we participate with, payment is expected at the time of service. For your convenience we accept cash, check, Visa, and MasterCard.**

**If you participate in an insurance plan that requires you to have a referral for your visit, you must coordinate getting that referral through your primary care physician prior to your appointment. Patients without valid referrals will be rescheduled or will be responsible for payment at the time of service.**

Unfortunately, if you do not inform us of any special requirements in your contract and we subsequently order services, such as lab work or hospitalization, that are not covered, we or the selected medical facility will have no choice but to bill you directly for those charges. Payment for those charges is then your responsibility.

**In the event that services are provided and your coverage is not in effect on that day, then the fees submitted and denied by your carrier will become your responsibility.**

With your cooperation and help, you should be able to receive all of the benefits offered to you, and we will be able to concentrate on caring for your medical needs.

I have read and understand the office policy stated above and agree to accept responsibility as described.

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Patient and/or insured

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Date