FREEHOLD EAR NOSE & THROAT ASSOCIATES, P.A.
Otolaryngology | Face To Face: Plastic & Cosmetic Surgery

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Diplomate American Board of Otolaryngology
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OFFICE POLICIES

- All patients will be asked to produce a valid driver's license or other photo ID at the time of their appointment. If you have had an appointment within the last year, this requirement will be waived. If not, the staff will verify your current information and, if appropriate, require you to complete a new patient registration form.

- All payments and copays are due before service is rendered. We cannot bill you for copayments. We accept cash, check, or credit cards (VISA, Master Card, AMEX or Discover). The patient/guarantor is responsible for all payments regardless of insurance coverage.

- If your health insurance requires a referral, it is your responsibility to obtain a referral from your primary care physician prior to your appointment. If you do not have a referral at the time of the appointment, you are responsible for payment as your insurance company may not pay for your visit without a referral. The patient is responsible to inform this office about the complete benefits provided by your insurance.

- Patient with outstanding balances will be notified 10 days prior to submission to collection. Accounts that go into collection will be subject to a 35% collection charge. Accounts with balances that exceed 60 days will be subject to a late fee of $10.00, which will then be added to the account balance every 30 days thereafter. There is a $25.00 charge for returned checks.

- Office hours are by appointment only. If you need to cancel, please give 24 hours notice; otherwise there is a $50.00 fee. You can call the office any time and leave a message.

- It is your responsibility to notify our office of any name changes or changes in address, phone numbers, or insurance coverage. We need this information to bill your insurance company and in the event that we have outdated information, any accumulated account balances will be your responsibility.

- Patient under the age of 18 must be accompanied by an adult. Minors who are accompanied by an adult other than a parent or legal guardian must have written permission for treatment signed by a parent or legal guardian each visit.

- Any diagnostic testing ordered by the physician will be reviewed with you during a follow-up visit.

I consent to an endoscopy (looking into the nose, sinuses, and windpipe with a camera), audiological (hearing) test, and vestibular (balance) testing, if applicable.

I hereby authorize direct payment to the physician and the release of all medical information to the referring physician and insurance company.

I understand I am financial responsible for any balances that are not covered by my insurance.

Patient's Signature: ______________________________________ Date: ________________
(18 or older)

Parent or legal Guardian Signature: ____________________________ Date: ________________

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