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OFFICE FINANCIAL POLICY

Thank you for choosing North Valley ENT. We are committed to building a successful physician-patient relationship with you and providing you with the highest quality care for your ear, nose, and throat health. To ensure a smooth and transparent experience, we have outlined our payment practices and insurance procedures. Please ask if you have any questions about our fees, policies, or your responsibilities. It is your responsibility to notify our office of contact information changes or any change in insurance coverage.

PATIENT PORTAL:

We strive to make your healthcare experience as convenient and seamless as possible. Our patient portal Modernizing Medicine provides you with a secure and user-friendly platform to manage your health information and billing. Through the portal, you can easily make online payments, view your account balances and clinic visit notes. (Effective 10/28/2024)

KLARA PROVIDER/PATIENT COMMUNICATION PLATFORM

Our office has implemented a new patient engagement platform called Klara. With Klara, you can effortlessly manage your healthcare experience through two-way messaging. Receive appointment reminders, schedule or reschedule appointments at your convenience, ask questions directly, and easily upload or sign documents all via text. You may opt out at any time. If you choose to opt out, you will be responsible for keeping track of all your appointments and ensuring your account is in good standing.

NO SHOW/CANCELLATION POLICY:

1. A fee of \$50.00 applies if you do not show up for your appointment. Additionally, if you cancel or reschedule less than 2 business days before your appointment, you will be charged the fee. The fee must be paid prior to being rescheduled. If payment was not collected prior to the appointment being rescheduled, we reserve the right to cancel the appointment until payment is received. There is no guarantee that the time slot will remain available until the fee is paid.

INSURANCE:

1. As a patient, you are responsible for the costs associated with your medical care. This includes, but is not limited to, copays, deductibles, and any services not covered by your insurance. We ask that all applicable payments be made at the time of service. We accept cash, credit/debit cards (Visa/MC/Amex/Disc), CareCredit and checks.
2. Your insurance may not pay for all of your healthcare costs. Most insurance policies include some – means that the insurance carrier will not pay for it. Please keep in mind that the insurance policy is a contract between you and the insurance company. The physician has no control over what the insurance carrier does or does not cover.
3. While we make every effort to verify that we are in-network with a patient's insurance provider, it is ultimately the patient's responsibility to confirm this information with their insurance company. We

recommend that you contact your insurance company prior to your appointment to ensure that our office is part of your plan's network. This will help you understand your coverage, copays, and any potential out-of-pocket expenses. If our office is an “out of network provider” for your insurance carrier, the non-covered services and deductibles are usually higher. Your insurance company, not our office, determines these amounts.

4. If you have no insurance or have a limited benefit insurance plan, we require a retainer fee to hold the appointment. The deposit will be used toward the cost of the visit. If you have a follow up appointment scheduled, \$50 of the retainer fee will be kept on file until your last appointment with us. For limited benefit plans, we will still bill your insurance provider. Once they process the claim, your payment will be applied to any patient responsibility and any remaining credit will be refunded back to you or retained as a credit for upcoming appointments.
5. Referrals from your Primary Care Physician (PCP): Please check with your insurance carrier if a referral is required to be seen in our office as we are considered specialists. If required, you will need to contact your PCP and obtain a valid referral prior to being scheduled. Some insurances prohibit us from obtaining a referral for you. If your insurance denies a claim due to the absence of a valid referral, you will be financially responsible for the charges incurred during your visit. Therefore, it is important to ensure that you obtain any necessary referrals from your PCP prior to your appointment. Our office will do our best to assist you with the referral process, but ultimately, it is your responsibility to confirm that all required referrals are in place to avoid potential claim denials.
6. Some procedures done in the office today to help treat or diagnose your condition may have an additional charge applied to them beyond the cost of an office visit. You will be responsible for any additional copay, deductible or coinsurance amounts your insurance company applies as your responsibility to these services. These include, but are not limited to, nasal endoscopy, laryngoscopy, cerumen removal, audiograms, injections, etc.

BILLING:

1. In order to bill your insurance company, we must have a current copy of your insurance card, photo ID, current address, and phone number. If you cannot provide this information, please expect to pay at the time of the office visit for services rendered or reschedule your appointment (a fee may incur).
2. If you have secondary insurance, it is important that you inform our office of both your primary and secondary insurance plans at the time of your appointment. This information is crucial for us to accurately process your claims and maximize your benefits. In addition, please make sure that you update the coordination of benefits with both insurance companies to ensure your claims are not placed on hold or get denied because they require updated information from you.
3. In the event that your insurance denies a claim, our billing company – RPM Medical Billing – will initiate an appeal on your behalf. We will work to resolve the issue and ensure that all necessary documentation is submitted. However, if the insurance provider continues to deny the claim after the appeals process, you will be financially responsible for the charges incurred. We encourage you to contact your insurance company to understand your coverage and any potential issues that may arise.
4. All checks returned unpaid by the bank will be charged a \$50.00 fee.
5. Credit Card on File: Your credit card information will be obtained and kept securely. Your credit card will be charged once your insurance has paid their portion and notifies us of any patient responsibility or balance due. If, after 60 days from the date the service is rendered, your account has a balance, your credit card on file will be charged the remaining balance.
6. Divorced and Separated Couples: The parent accompanying the child to our office will be responsible for payment at the time services are rendered. If you are unable to provide payment at the

appointment time, the appointment will be rescheduled (a fee may incur). Communication, results, and sharing of the information from the visit is the responsibility of the parent/guardian who is present at the visit. The clinical team will not recommunicate the information to the absent parent/guardian.

7. **Records or Documents:** You can obtain any documents requested through your patient portal free of charge. Your office visit notes are available to you in the patient portal at all times. Any request to print your records will take at least one week to print. If you request printed copies in the office, our fees are \$10 for 1-10 pages and \$1 for each additional page printed after the first 10. Payment must be received prior to processing your request.
8. **Collections:** If you default on your responsibility for rendered services, as deemed by your insurance company or lack of insurance, your account balance will be sent to an outside collection agency for further collection action and credit reporting. You will be assessed a collection fee of 40% of your outstanding balance. The fee cannot be waived once the account is accepted by the agency.

SURGERY AND / OR PROCEDURES:

1. Prior to a scheduled surgery or procedure, our office verifies your insurance coverage and prior authorization requirements. If your insurance company determines that you are responsible for a copay/deductible/coinsurance, our office will contact you to arrange for payment to be collected at least 2 weeks prior to the surgery/procedure taking place. Please note, the amount we collect is only an estimate based on the information available at the time of verification. The final cost may change depending on how the insurance processes the claim. There is no guarantee that your insurance will fully cover the costs associated with the surgery/procedure even if we obtain the required authorization. If your insurance does not cover certain portions of the surgery, you will be financially responsible for any non-covered amounts.
2. Surgery check-in times will be provided 2 days prior to surgery. Please note, check-in time may be subject to change from the time we provide it up to the day of surgery.
3. Surgical cases canceled within two weeks (14 days) of surgery will be assessed a \$300.00 fee. In some cases, we may not reschedule the surgery/procedure.
4. In-office procedures canceled within 72 hours of the scheduled time will be assessed a \$100.00 fee. If canceled within 24 hours, a \$200.00 fee will be assessed. In some cases, we may not reschedule the procedure.
5. There is a \$100 fee to complete FMLA paperwork. Please be advised that FMLA paperwork will not be processed until the fee has been paid in full. The fee covers the administrative costs involved in preparing and finalizing the documentation required to support your FMLA request. The turnaround for the completion of FMLA paperwork is 1-2 weeks from the date of payment.

I hereby authorize the staff of North Valley Ear, Nose & Throat Associates, P.C. to provide such medical services, either regular or emergent, as may be determined by my physician to be in my best interest, or the best interests of my dependent if I am signing as a parent or guardian.