

WESTERN NEW YORK EAR, NOSE & THROAT, P.C.
Natalka D. Stachiw, M.D. Michael J. Cipolla, M.D. Raymond Paolini, M.D.
670 South Benzing Rd, Suite C, Orchard Park, NY 14127
6645 Main Street Williamsville, NY 14221
37 Professional Pkwy Lockport, NY 14094
Phone: (716) 675-5711 Southtowns Fax: (716) 675-3197 Northtowns Fax: (716) 634-3816

Patient Financial Policy

Thank you for choosing Western New York Ear, Nose & Throat (WNYENT) as your ENT specialist. Please review the following information concerning our financial policies and aid you in planning for payment, if necessary.

Insurance Verification and Co-payment

The patient is expected to present an insurance card and photo identification at each visit. All co-payments and past due balances are due and payable at the time of service. By law we MUST collect your carrier designated co-pay. WNY ENT accepts cash(US dollars), personal check, VISA, Master Card and Discover.

Unpaid accounts will be turned over to a collection agency after 90 days and you will be responsible for any collection fees which may be based on a percentage at a maximum of 33.33% of the debt, and all costs and expenses, including reasonable attorney fees, we incur in such collection efforts.

High Deductibles/Co-insurance Policy

High deductible plans are increasingly common. You should be aware if you have one of these plans. Deductibles and co-insurances are the patient's responsibility according to the contract with your insurance company. If you have not yet met your deductible, a down payment is expected at the time of each visit. Please be prepared to pay the deductible at each visit.

Down payment requirements: New patient visit \$125. Established office visit \$80. Audiology services \$75. Nasal or flexible laryngoscopy \$150. All surgical procedures require estimated deductible payment one week prior to the date of surgery.

Please be prepared to pay for any additional services the provider may perform on the same day. The remainder fee will be billed. Any overpayment will be refunded.

Medicare

We will submit claims to Medicare. The patient is responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance if you have one.

Self-pay

If you are uninsured, you are responsible for remitting payment in full at the time of service, unless prior arrangements have been made with the Billing Dept. If you are unable to remit payment in full and need to discuss payment options available to you, you must contact our **Billing Department at 716-332-2383**.

Website

For further information, please visit: **www.wnyent.com**. Our website can clarify participation with your insurance. We participate with most major insurance plans in Western New York.

General Information for New Patients:

*Please be sure to have any records sent to our office prior to your scheduled appointment. If you have any recent radiological testing (CT, MRI, ultrasound), please request that this information be sent to our office.

*Please arrive 10 minutes early to complete registration

*Bring applicable co-pay, coinsurance, deductible or payment.

*Health insurance card(s) need to be given to receptionist at your first visit and scanned into your chart.

*Bring valid insurance referral (if applicable) and treatment referral from your Primary MD.

*Bring a current list of medications with dosage amounts.

*Bring CT, ultrasound or MRI CD disc with you.

***New thyroid patients:** please bring any ultrasound reports, labs, biopsy results, and recent endocrine notes

PROCEDURES & SERVICES during your ENT visit

* Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately and in addition to the office visit charges. We have become aware that some insurance carriers are classifying these procedures as " Surgery "and applying the charges to a higher deductible/copay amount. The result may be insurance payment for an office visit but not a procedure. In such cases, payment for the procedure will be due from the patient. Be assured that we are following accepted billing and coding guidelines and that all procedures are performed in the best interest of patient care.

Examples of in-office procedures include:

Flexible Laryngoscopy: This procedure involves passing a long thin flexible fiberoptic scope through the nasal cavity and into the throat. The fiber-optic scope enables the physician to visualize areas of the throat not readily visualized.

Nasal Endoscopy: This procedure uses the flexible or rigid scope attached to a light source to view areas of the nasal cavities that cannot be viewed by the physician using standard nasal speculum and head light.

Nasal Endoscopy with Debridement : This is the same procedure as above with removal of crusting, scarring or other debris. This is often required after any sinus/ nasal surgery.

Biopsy of a lesion

Audiological Testing

Appointment Policy

A fee of \$40 will be charged for any missed appointment or appointment not canceled 24 business hours prior to the scheduled appointment. All Monday appointments must be canceled by the previous Friday at 10 AM, or will be considered a no show. It is the patient's responsibility to notify the physician's office when an appointment needs to be canceled or rescheduled.

WNY, ENT, PC, understands that late cancellations and not showing for an appointment sometimes cannot be helped. As soon as you are aware that you will be unable to keep your appointment, please notify the office immediately. This fee must be paid in full to WNY ENT, PC, before we can schedule your next appointment.

Please be advised that arriving more than 15 minutes late to an appointment may require you to be rescheduled if the provider cannot accommodate you.

Assignment of Benefits

I authorize Medicare & other insurance company benefits be made directly to WNY ENT, P.C. on my behalf for any services furnished to me by that party who accepts assignment. I also authorize this office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions whether manual or electronic. I acknowledge that payment is due at the time of treatment. I accept full financial responsibility for all charges not covered by insurance. If payment is denied and we are legally able to bill you, you are agreeing to pay for any unpaid balance not paid by your insurance carrier given to WNY ENT, P.C. for any dates of services in question. If any unpaid balances for services rendered are forwarded for legal action, you will be responsible for any legal &/or attorney fees that arise from such filing. Note: The person listed as the primary contact on the account for a minor will be the person held responsible for charges rendered to a minor. WNY ENT, P.C. does not involve itself with financial responsibility.

Outstanding Accounts

If your account balance is over 6 months old with no effort to pay then your account will be blocked and no future appointments can be made until a payment plan is set in place.