EASTERN OKLAHOMA
EAR, NOSE & THROAT, Inc.

COPAY

It is our policy to collect your insurance copay at the time of your appointment. This simplifies the office process and ensures your financial obligation is met at the time of service.

COINSURANCE/DEDUCTIBLES

We make every effort to fairly estimate the coinsurance or deductible owed based on the nature of the visit. It is our policy to collect these payments at the time of service.

BILLING

As a courtesy, EOENT bills your health insurance provider on your behalf, with the following guidelines/exceptions:
Insurance card: Please bring your most current insurance card to every appointment. We must have the correct information at the time of service. An insurance card is similar to a credit card—the information must be current and valid for it to be used.

INSURANCE CLAIMS

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party to this contract. As a courtesy to you, we will bill your primary insurance company. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, and any change in insurance information. Failure to provide complete insurance information may make the patient responsible for the entire bill. Although we may estimate what your insurance company may pay, the insurance company makes the final determination of your eligibility benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out-of-network with your insurance company and your insurance company pays you directly, you are responsible for payments and agree to forward the payment to us immediately.

REFERRALS AND PREAUTHORIZATION

Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from your primary care provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain a referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if you do not obtain a referral and/or preauthorization.

FEES FOR MEDICAL COPIES/FORMS/REPORTS

$1.00 per page for copies up to 25 pages; $0.50 for each additional page
$10.00 minimum for all forms (FMLA, disability forms, special forms)
Requests for medical records/forms require a minimum of seven business days.

APPOINTMENT POLICY

A minimum of 24 hours' notice is required to reschedule or cancel an appointment. If you are late for an appointment, our staff will check with the physician you are scheduled with to see if you can still be seen; however, it may be necessary to reschedule your appointment.

DISCLOSURE

Eastern Oklahoma Ear, Nose & Throat, Inc. physicians have a financial interest in Tulsa Spine & Specialty Hospital LLC (TSSH). Your physician may refer you to the TSSH facility, where your medical procedure(s) may be performed. The Oklahoma Financial Disclosure Statute requires that we inform you of your physician's financial interest in Tulsa Spine & Specialty. I acknowledge the disclosure and authorize any holder of information about me to release to the health plan indicated and the information needed to determine these benefits payable to related services.

ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE.

Patient Name: _____

Date: _____

Signature: _____

Yale Office - 5020 E 68th Street, Tulsa, OK 74136
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