

Mt. Pleasant Ear, Nose, and Throat Clinic, P.A.
301 W. 19th Street, Mt. Pleasant, Texas 75455-2322
Phone: (903) 577-1101

MPENT Billing Policy

The following guidelines outline Mt. Pleasant Ear, Nose, and Throat Clinic's Billing policy!

1. **Fee Schedule** - Our fee schedule is established utilizing a Customized Fee Scheduler for Ear, Nose, and Throat Specialists in the North East Texas area. It is unlawful for us to change our fee schedule for individual patients and it is considered insurance fraud to create different fee schedules for the numerous insurance companies available.

2. **Payment Policy** - Although patients may have health insurance, it is ultimately the Guarantor/Patient's responsibility for payment.

- All copays and deductibles are due at the time service is rendered. If deductible is not met, the patient will be required to pay \$206 for a New Patient visit or \$180 for an Established Patient visit. Once services have been rendered and claims processed, the remaining balance will be billed to the patient as necessary.
- If surgery or other procedures are recommended, the Scheduling Coordinator will contact the patient's Primary Insurance to obtain an **estimated out-of-pocket expense**. The patient will be contacted and advised of the cost. **Please note:** The out-of-pocket expense is required to be paid-in-full prior to the scheduling the services.
- If the insurance company has processed the claim and there is a credit to the patient's account, the credit may be refunded to the patient or may remain on the account as a credit if the patient requires a follow-up.
- Self-Pay patients will receive a 25% Self-Pay Discount due prior to seeing the Provider. The physician or nurse shall provide the patient with our Self-Pay Form which allows the patient to elect or decline services recommended by the physician. The patient will sign the form agreeing to his election. The form reflects the 25% discount.

3. **Statements and Payments** - Statements are prepared by and mailed from Athena, our third party billing company. Accounts with balances of \$4.99 or less will not receive a statement.

4. **Method of Payment** - We accept Cash, Check, Money Orders, Credit Cards - Discover, Mastercard, and Visa. We also accept Care Credit.

5. **Returned Check Service Charge** - Service charge for returned a check is \$25.00.

6. **Shipping and Handling Fee** - If you request we ship supplies for you, (i.e., allergy serum mix to other facilities for administration) you will receive a minimum \$8.00 Shipping and Handling fee applied to your account. For shipping fees over \$8.00, the fee applied to your account will be adjusted accordingly.

7. **Insurance Filing** - Our billing is outsourced. We accept most major insurance companies, however, if we are not considered in-network with a particular insurance, you will be responsible for the additional out-of-network fees. All claims are filed electronically unless the payer does not accept claims electronically. Account balances will be billed to the patient or guarantor.

8. **Collections** - All accounts not paid according to the policy set forth above will be sent to collections after 60 days of non-payment. There is a **collections transfer fee of 33%** of the balance applied to accounts transferred to collections. The account will also be placed in an "inactive" status until the balance is paid in full.

I have read and understand Mt. Pleasant Ear, Nose, and Throat Clinic's Billing Policy and agree to the terms set forth above.

Patient's signature: _____ **Date:** _____