

**NORTHEAST EAR, NOSE & THROAT ASSOC., INC.**

**Office Policy**

- **In accordance with the new federal regulations to protect against identity theft, we will need a form of photo identification when you are seeking care for yourself and/or your dependent child. A valid driver's license is the preferred method of identification.**
- **If your insurance requires a referral, you need to verify with our staff that we have a valid referral on file prior to being seen. If a referral was not obtained, and the insurance denies for any visits, allergy shots, or testing, you will be held financially responsible for these services.**
- **NEENT requires 24 hour notice of appointment cancellation. This is to allow the courtesy of utilizing the appointment for someone else who may need to be seen. If you do not call us to cancel the appointment, it will be considered a missed appointment. If you miss your appointment, you will be charged a \$25 "No Show Fee". This must be paid before you can be seen again. If you miss more than 3 appointments, you may be formally discharged from our practice. We also require 24 hour cancellation notice for Allergy Testing and Balance Testing. If we do not receive adequate notice or you miss an appointment, you will be charged \$50. After 2 missed appointments, you will not be rescheduled.**
- **Payment is required for services rendered upon date of service unless previous arrangements have been made. Co-pays will be collected up front. We offer Visa, Mastercard, Discover as payment options. We also offer Care Credit to those who qualify. We will make every attempt to help you with payment arrangements should you incur a balance with NEENT.**
- **Statements are mailed every 30 days. For balances aged over 30 days an interest fee of 1.5% per month (or 18% annually) will be charged. If you choose to set up a payment plan utilizing Automatic Withdrawal or allow us to charge your credit card automatically each month, interest fees will be waived. Your information will be kept in a secure locked location.**
- **If no payment arrangements have been set up with our office and the account remains unsatisfied over 90 days, the account will be sent to a collection agency who will report to the National Credit Bureaus.**

I, \_\_\_\_\_, have read the above policies of NEENT. Any questions I had were answered and I understand and agree to the terms as outlined above.

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Patient/Guarantor Signature

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Date