



## Financial Policy

Alaska Center for Otolaryngology

Sinus Care of Alaska

Alaska Center for Facial Plastic & Reconstructive Surgery

The Medical Spa

Welcome! We are pleased that you have chosen our office to provide your medical care and would like for you to take a moment to familiarize yourself with our financial policies prior to receiving care in our office.

Payment in full at the time of service is required in the following circumstances:

- You do not have insurance coverage.
- You have not brought your insurance card(s) with you.
- You have not met your deductible.
- A referral or preauthorization is required by your policy and you have not obtained one. For example: Federal Blue Cross Groups 111 and 112, Anthem Blue Cross-Fred Meyer Plan or Tricare-Prime Plans.
- You receive cosmetic services.
- You receive procedures or treatments we believe are not covered by insurance.

### ***Insurance Billing***

Our doctors are not preferred providers for any insurance company. We feel strongly that you benefit from being independent of restrictions imposed by insurance companies on where you receive medical care.

Insurance coverage is not a guarantee of payment. We will bill insurance as a courtesy to you if you present your insurance cards at the time of your appointment, but you are ultimately responsible for payment of services rendered. We will provide proper billing documentation to your insurance company, and will follow industry standard procedures for obtaining payment for your care. Deductibles and 20% of charges are due at the time services are rendered unless prior arrangements have been made with our Billing Department.

If a balance remains after we have received payment from your insurance company, we will send you a statement. Payment is due in full upon receipt of your statement. We encourage you to contact our Billing Department if you have questions or concerns about how your bill was processed. Our goal is to provide you with clear and honest answers to all your questions.

Occasionally disagreements with insurance companies arise, and we will work diligently for you to resolve these issues. On some occasions we may need to ask for your assistance with this process. If you disagree with your insurance company's final decision we ask that you pay your account balance and we encourage you to resolve any individual policy issues with the help of your Human Resources Department.

### ***Payment Methods***

For your convenience, we accept cash, personal checks (local only) and all standard credit cards, including CareCredit, (for more information visit [www.carecredit.com](http://www.carecredit.com) or contact our Billing Department). Returned (NSF) checks will be subject to a \$25.00 fee.

Accounts will be considered delinquent if unpaid after 120 days from the date of service. In the event your account is submitted to our collection agency, you will be responsible for all reasonable collection and court costs.

### ***Usual and Customary Charges***

Your insurance company may pay on charges according to their “usual and customary” fee scale. Insurance companies do not share that information with us, nor will they tell us what they will pay for any given procedure. Reimbursement fees vary from company to company, and even from plan to plan within a particular company. Our fees are set independently and may or may not correspond to your plan’s reimbursement fees. In the event your insurance company determines a service to be “not covered” or “above the usual and customary charges,” you will be responsible for the balance due.

### ***Hospital, Anesthesia, Lab Fees***

Frequently your care will include services from other providers, who will submit bills to you and/or your insurance company independently from our office.

### ***Pathology Services***

Biopsy specimens are billed directly from the laboratory. We will share your insurance information with them, so that they may file the claim with your insurance company. You will get two separate bills, one from the laboratory that processes the specimen and one from the pathologist who examines the specimen and dictates a report of their findings. For any services not covered by your insurance, you will be billed separately by the laboratory.

### ***Acknowledgement***

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to having your exam. Our main concern is that you receive the proper and optimal treatments needed to restore your health. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to contact our billing department.

Again, thank you for choosing us as your health care provider. We appreciate your trust in us and the opportunity to serve you.

Patient’s or Legal Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By my signature above, I acknowledge that I have read and understand the above statements. I am willing to accept responsibility to pay for services rendered if the insurance I presented does not cover the charges.*

### ***Contact Us***

Billing Department Hours

Mon. - Thur. 8:00 a.m. – 12:00 p.m.

1:00 p.m. – 5:00 p.m.

Friday 8:00 a.m. – 2:00 p.m.

Billing Email: [bralston@ellerbekallman.com](mailto:bralston@ellerbekallman.com)

Billing Fax: (907) 222-4637

Phone: (907) 279-8800