



FINANCIAL POLICIES

Welcome to Mat-Su Ear, Nose, Throat & Facial Plastics, Inc. Our goal is to provide you excellent medical care and our financial policies have been developed to help keep your cost of medicine down. You can help by paying in a timely manner. Thank you!

Payment at the time of service is expected. Payment may be made by cash, personal check or credit card.

Mat-Su Ear, Nose, Throat & Facial Plastics Inc. will bill your insurance carrier. **We submit claims to your primary and secondary insurance carrier only, as a courtesy for our patients. We currently participate with Aetna, Blue Cross and Multiplan medical insurance plans. As part of our contract with the insurance companies, we are legally required to collect any co-pays or deductibles from you at the time of service.** Surgical patients are expected to pay their surgical co-pay at the time of their Pre-Operative appointment. We expect payment in full within 60 days for services billed to insurance. It is your responsibility to pay any balance older than 60 days and to follow up with your insurance carrier. Labs and pathology will be billed separately.

Veterans Administration patients must pre-authorize their treatment with the VA, prior to any medical visit.

Mat-Su Ear, Nose, Throat & Facial Plastics, Inc. does not accept third party liability claims.

Our Medicaid patients are expected to bring their current card and \$3.00 co-pay. Our Denali Kid Care patients need to bring their cards with them for each visit.

We will need to see your insurance card(s) at the first appointment along with photo identification (driver's license) to confirm identification. We will verify insurance eligibility prior to your first appointment and if we can not verify your insurance you will be expected to pay in full. Demographic information will be updated at least annually thereafter.

Our cash patients are expected to pay for their office visits at each appointment. If surgery is indicated we will accept one half of the surgical fee at the "Pre-Operative" appointment with the balance due by the "Post-Operative" visit.

Mat-Su Ear, Nose, Throat & Facial Plastics, Inc. does not carry balances and we send no more than two statements.

If payments are defaulted all unpaid balances will be forwarded to Cornerstone Credit Services; (907) 770-8100. FAX (907) 770-8147)

ALL COLLECTION AGENCY FEES AND LEGAL FEES WILL BE ADDITIONAL AND THE GUARANTOR/PATIENT'S RESPONSIBILITY.

I have read, understand and agree to the provisions of this Financial Policy.

Signature _____
(Patient, Parent, Guardian or Guarantor)

Date _____