

PATIENT RIGHTS AND RESPONSIBILITIES AND FINANCIAL POLICY

Copy available upon request.

PATIENT RIGHTS AND RESPONSIBILITIES

As our patient, you are provided this “Bill of Rights.” You have the right to be notified in writing of your rights and obligations before services are provided. The patient’s family or guardian may exercise the patient’s rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

Patient Rights

As the patient/caregiver, you have the RIGHT to:

- Be treated with dignity and respect.
- Confidentiality of patient records and information pertaining to a patient’s care.
- Be provided information so you can participate in and make decisions concerning the plan of care and treatment for you or your dependent for whom you are legal guardian or appointed Health Care Power of Attorney.
- Be notified in advance of the types of care, frequency of care, and the clinical specialty providing care and be notified in advance of any change in plans of care and treatment.
- Be provided services and any related equipment received from our Practice in a timely manner.
- Receive an itemized explanation of charges.
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of your personal property.
- Be informed of potential reimbursement concerns for services under Medicare, Medicaid or other third-party insurers based on your condition and insurance eligibility (to the best of the Practice’s knowledge).
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid or other third-party insurers (to the best of the Practice’s knowledge).
- Be notified within 30 working days of any changes in charges for which you may be liable.
- Be admitted for service only if the Practice can provide safe, professional care at the scope and level of intensity needed; if we are unable to provide services then we will refer to alternative resources.
- Purchase inexpensive or routinely purchased durable medical equipment from any supplier.

- Expect that we will honor the manufacturer's warranty for any equipment purchased from us.
- Receive essential information in a language or method of communication that you understand.
- Respect for your cultural, spiritual, and personal values, beliefs and preferences.
- Be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law.

Patient Responsibilities

As the patient/caregiver, you are RESPONSIBLE for;

- Notifying the Practice of change of address, phone number, or insurance status.
- Notifying the Practice when service or equipment is no longer needed.
- Notifying the Practice in a timely manner if extra equipment or services will be needed.
- Participating in the plan of care/treatment.
- Notifying the Practice of any change in condition, physician orders, or primary care physician.
- Notifying the Practice of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.
- Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
- Your actions, if you do not follow the plan of care/treatment.

Practice Rights

As your provider of choice we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our company to secure services and/or equipment.
- Refuse services to anyone who during direct care is threatening, intoxicated by alcohol, drugs and/or chemical substances and could potentially endanger our staff and patients.

PATIENT & FINANCIAL POLICIES

BECOMING A NEW PATIENT

Once accepted by the Practice for a new patient appointment, new patients must complete required forms prior to their appointment. These forms are available electronically, on our website at www.carolinaearnosethroat.com or provided to you at check-in for your appointment. Carolina Ear, Nose & Throat reserves the right to refuse acceptance of a new patient for operational, clinical, medical or financial reasons. Carolina Ear, Nose & Throat reserves the right to require ownership of a credit card and completion of a credit card authorization form as a

condition for acceptance of a new patient.

Please note that in the unfortunate event a patient must be discharged from the care of a Carolina Ear, Nose & Throat provider, the patient is discharged from the entire practice and will be unable to receive medical care from any other Carolina Ear, Nose & Throat provider.

MAKING AN APPOINTMENT

Patients are seen on a scheduled basis. You may make an appointment through our website, your patient portal, or by calling our office during regular office hours. Follow-up appointments also may be made with you during the check-out process following your completed appointment.

- New and Established patients will be scheduled as soon as possible based on the availability of appointment openings.
- Same-day appointment requests will be accepted on approval of the physician based on health condition, patient volume and patient status with the Practice.
- Walk-in patients will be seen only in cases of extreme emergency.

ARRIVAL FOR APPOINTMENTS

Patients are requested to arrive at least 15 minutes prior to their scheduled appointment time. This will allow time for completion and review of new patient forms and verification of your personal or insurance information as needed. Deposits, co-pays, coinsurance or outstanding payments due will need to be paid. Prior to seeing the provider.

Due to our commitment to providing each patient with the care and attention they deserve, in the event you do not arrive in time to complete the check-in process by your scheduled appointment time, your physician reserves the right to reschedule your appointment to another time and/or day.

Despite scheduled appointment times, your physician may be delayed in order to provide necessary care to a prior patient, or to address the needs of a hospitalized patient. We know that you would want the same attention to your medical care and thank you for your understanding should your appointment be delayed. We understand that your time is valuable and will make every effort to keep you informed.

Audio/video recording of appointments is prohibited by patients, family members, and staff.

CANCELLATION OF AN APPOINTMENT

Please give at least a 24-hour notice if you will not be able to keep your appointment for any reason. This makes it possible for another patient to be seen in your place. Carolina Ear, Nose & Throat reserves the right to charge patients \$30.00 for “no show” appointments. If you miss 3 appointments in a calendar year, you will be discharged from the practice for noncompliance.

PATIENT FINANCIAL POLICY

Payment of all current and outstanding patient balances is expected at time of service, and we are required by your insurance plan to collect them. This includes co-pays, co-insurance, deductibles and previous outstanding balances. At minimum, co-pays and any outstanding balance will need to be paid prior to seeing your physician. Estimated co-insurance and deductible amounts may be collected at time of check-in and must be paid at check-out to the extent they can be determined at that time.

If you are unable to make required payments at time of service, your physician reserves the right to reschedule your appointment. If you are unable to make payments at time of service, you will

be directed to a patient accounts representative so that payment arrangements can be made. Repeated failure to make required payments will result in discharge from the Practice. Patients seen after normal business hours or on Saturday's will incur an extra charge due to care being rendered in and urgent care setting.

INSURANCE

- Our practice follows all insurance company required rules. If we participate with your plan and you are eligible for benefits, we will file your charges with your insurance company.
- Your insurance company requires we collect all patient payment responsibilities. Therefore, you will be expected to pay your co-payment, co-insurance and/or deductible amounts at the time services are rendered or your appointment may be rescheduled. Additionally, patients will be responsible for non-covered services the patient approves.
- In the event a lab, test or procedure is done, we will estimate your payment responsibility. You may be asked to pay your estimated payment at the time of your visit. Once your insurance has paid, you will be billed or refunded any difference between what you paid and the amount due after the insurance payment.
- If your insurance plan requires a referral or treatment authorization, it is ultimately your responsibility to ensure that the proper referral has been obtained. Any treatment without the necessary referral may result in a denial of payment by the insurance company, making payment for all charges your responsibility.

UN-INSURED

- If you do not have medical insurance, you will be responsible for deposit payment of \$300.00 plus any previous outstanding balance. If you cannot make this payment, your visit may be rescheduled. We offer a 30% discount for payment in full at time of service at check-out.

MEDICARE

- We are a participating provider with Medicare. As an added service, if you have coverage secondary to Medicare, we file that for you as well. Your co-insurance and deductible amounts will be due at time of service or your appointment may be rescheduled.

MEDICAID

- We are a participating provider with North Carolina Medicaid; however, you must have your current card with you at time of service. Your card must have remaining visits to be valid. Please note that we do not accept managed care/HMO Medicaid, without proper authorization.

WORKERS COMPENSATION

- We will file your workers compensation claim if we have authorization for the services. If there is no authorization on file, payment is due when services are rendered.

OVERDUE ACCOUNTS

- If you need ongoing medical care, we expect payment on your old balance as well as payment in full for new charges at the time of service. Unresolved patient account balances will be turned over to a professional collection agency due to nonpayment and you will be discharged from the practice.

ACKNOWLEDGEMENT OF RECEIPT OF PATIENT POLICIES & PATIENT FINANCIAL POLICY

- I have read the Patient Policies and Patient Financial Policy and understand the policies.
- I agree to pay at time of visit all co-pays, coinsurance and deductibles due for the visit, and to promptly pay all outstanding patient balance for services provided to me and/or my family. I understand that nonpayment of outstanding patient balance may result in discharge from care by the Practice.
- I understand that it is my responsibility to contact the Practice to reschedule appointments as necessary at least 24 hours in advance of the scheduled appointment. I further understand that if I miss (“no-show”) 3 scheduled appointments in a calendar year, I will be discharged from care by the Practice.
- All insurance payments for services rendered are assigned to this Practice. (A copy of this assignment is as valid as the original).
- I understand that it is my responsibility to understand my insurance company’s benefit policies as they may apply to services received from Carolina Ear, Nose & Throat, and to contact my insurance company to resolve any benefit payment concerns.
- I understand that charges may occasionally be added or modified by my provider due to required corrections to services rendered or insurance claims billed.
- I understand that I am financially responsible for all charges, whether or not they are covered by my insurance.
- I authorize this Practice to release to my insurance carrier any medical information needed to obtain payment for services rendered.
- I understand that if I disagree with any charges, I will contact the Practice in writing within 30 days of the billing date.
- Should legal action be taken by the Practice to collect an unpaid balance due for medical services provided, I agree to pay reasonable attorney’s fees or other such costs as the Court determines proper.

NOTICE: Do not sign this agreement before you read and agree to the conditions set forth in the Patient Financial Policy. You should keep a copy of this agreement in your records.