J. Michael King, MD
Jonathan C. Mills, MD
Michael C. Vidas, MD
Catherine Weng, MD

PEAK
EAR · NOSE · THROAT
& VOICE CENTER

PRACTICE POLICIES

1. Our office will file claims with insurance carriers with whom we have contracts; however, **the guarantor is responsible for all fees, regardless of insurance coverage.**

2. Insurance cards are required to bill. No card is no insurance, therefore non-emergency appointments must be rescheduled or the full amount due must be paid at the time of completed services.
3. It is the insured's responsibility to know your health plan and its benefits; some plans do not cover certain procedures. All in-office surgical procedures, i.e. scopes, wax removal, biopsies, etc. are not part of your office visit, these procedures are billed separately. Please be advised, we are a specialist's office and most insurance plans require a referral from your PCP.

4. ***Co-payments are due at the time of service. A portion of your deductible will be collected at the time of service***

5. We accept cash, check, Visa, MasterCard and Discover.

6. A service charge of $35 is rendered for all returned checks.

7. ***New appointments will not be scheduled until all account balances are current.***

8. Accounts more than 90 days past due, may be turned over to a collection agency. Any costs or legal fees to recover due services are also the responsibility of the guarantor.

9. Please be advised our office will not become involved in any legal agreements between divorced or separated parents, unless legally required.

10. Patients arriving over 10 minutes late may be rescheduled for a later time.

11. **No-show appointments** or appointments cancelled with less than 24 hour notice could **be charged a $50 fee. A $100 fee could be assessed for no-show procedure appointments, and/or appointments scheduled for longer than 40 minutes.** Your insurance company will not pay for these charges. These charges must be paid before your next scheduled appointment.

12. Dr. King has financial and ownership interest in Red Rocks Surgery Center.

Any deviation of the above policies may be altered or waived with written approval of Peak ENT and Voice Center.

Printed Name: _____

Signature: _____ Date: _____