



J. Michael King, MD
Jonathan C. Mills, MD
Elizabeth F, Boscoe, MD

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 are not part of your office visit, these procedures are billed separately. Your insurance plan may apply these procedures towards your deductible or co-insurance. Examples of in-office surgical procedures are: ear wax removal, all endoscopy (scopes), biopsies.
4. Co-payments or coinsurance deductibles and payments for non-covered services are required at the time of service, per insurance regulations.
5. Charges denied for any reason by the EXPLANATION OF BENEFITS of your insurance company are due upon receipt. If you are not in agreement with your insurance company, you must pay for the services rendered and wait for reimbursement from your insurance company. We will be glad to resubmit the claim for you or help you if we can.
6. We accept cash, check, Visa, MasterCard and Discover.
7. A service charge is rendered for all returned checks.
- 8. New appointments cannot be made until all accounts are brought current.**
9. 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.
10. Our office will not become involved in any legal agreements between divorced or separated parents, unless legally required to recover due services. *The parent or guardian, who brings the child in, is responsible for the account.*
11. Patients are seen by appointment only. We will try to accommodate patients without appointments, but there may be long waits without guarantee that they can be seen that day. Patients with appointments will have priority for their time slot.
12. Patients arriving over 10 minutes late may be rescheduled for a later time.
13. Each patient has his or her own appointment. If a brother, sister or parent needs medical attention, a separate appointment (with appropriate co-pay) is required and must be made in advance.
14. Appointments may be rescheduled at any time, due to emergency or unforeseen events. Our office will try to inform you as soon as possible to avoid causing you any inconvenience.
15. **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.
16. 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: _____