



Please read the following information regarding Insurance and Office Policies.

Financial Policy:

Payment is expected in full at time of service.

- If your treating healthcare provider has a contract with your insurance company or provider organization, we will be happy to file a claim on your behalf. However, you will be required to pay any co-pay, deductible, and/or co-insurance required by your insurance company at the time of your visit.
- Our office NEVER guarantees your insurance will pay. We will make every attempt to verify your insurance benefits at the beginning of your healthcare. However, if for any reason your insurance company does not pay, or pay as expected, for whatever reason, or if they choose to delay payment, you will be responsible to pay the remaining balance within 30 days.
- We recommend you contact your insurance company to verify ENT and Allergy coverage on your policy. If injections, allergy testing, ear cleaning, or other in-office procedures are recommended for your treatment, please be aware they may be considered surgical procedures and will be applied to your deductible. Most misunderstandings about insurance could be avoided if you understand in advance what your insurance policy provides. Therefore, we encourage you to call you insurance company for clarification.
- We will not file insurance if you live outside the state of Texas.
- Our office will not file with a secondary policy, unless Medicare is primary.
- The patient must obtain all necessary referrals and authorizations prior to appointment or payment is expected at the time of visit.
- There will be a \$25.00 charge for all returned checks and \$35.00 charge for each instance of FMLA paperwork.
- There will be a \$50.00 charge for any appointments missed or not cancelled at least 48 business hours before the appointment

Consent to Treatment:

I give permission to the physician and whomever he may designate as his assistant(s) or associate(s) to administer such treatment as is necessary and to perform any medical care or procedures as are considered therapeutically necessary based on findings during examination or treatment.

Authorization to Release Information:

I authorize Las Colinas Ear, Nose, Throat and Allergy to release any medical information pertaining to the examination, treatment, history, prescription of medication and medical expenses of myself to any physician, hospital, clinic, insurance company and all other agencies deemed necessary in order to process insurance claims. This authorization also includes the release of any pertinent medical information to my specialist or other medical facility the physician may refer the patient to for treatment or evaluation.

Assignment of Benefits:

I authorize direct payment of medical benefits to Las Colinas Ear, Nose, Throat and Allergy for services rendered. A photocopy of my insurance card is valid and effective as if it were the original. I understand that I am financially responsible for any co-pays, co-insurance, or deductibles required by my insurance. I also understand that I am responsible for all charges that are not covered by my insurance.

By my electronic signature within the Patient Portal, I agree to comply with the Financial Policy, Consent for Treatment Policy, Authorization to Release Information Policy, and Assignment of Benefits.



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to provide you with this notice which explains our policy practices regarding your medical information and how we may use and disclose your protected health information for treatment, payment, and for your health care operations, as well as for other purposes that are permitted or required by law.

Ways in which we may use your Protected Health Information:

The following paragraphs describe different ways that we can use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive.

- **Treatment-** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time disclose your health information to another physician whom we have requested to be involved in your case. For example- we would disclose your health information to a specialist to whom we have referred you for diagnosis to help in your treatment.

- **Payment-** We will use and disclose your health information to obtain payment for the health care services we provide you. For example- we may use medical information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the services. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

- **Health Care Operations:** We will use and disclose your protected health information to support the business activities of our practice. For example- we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.

Other ways we may use and disclose your protected health information:

- **Appointment Reminders:** We may contact you by phone, text message, and/or secure messaging to confirm scheduled appointments and/or relay information regarding surgery or treatment information. If you are not available for the phone call, we may leave a detailed message on your voicemail.

- **Treatment Alternatives:** We may use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

- **Others Involved in Your Care:** We may use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

- **Research:** We may use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

- **As Required by Law:** We may use and disclose your protected health information when required by federal, state, or local law. You will be notified of any such disclosures.

- **To Avert a Serious Threat to Public Health or Safety:** We may use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will disclose your health information to a foreign government agency that is collaborating with the public health authority.

- **Worker's Compensation:** We may use and disclose your protected health information for workers compensation or similar programs that provide benefits for work-related injuries or illness.



Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

A Paper Copy of This Notice: You have the right to receive a paper copy of this notice upon your request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to send you a copy.

Inspect and Copy: You have the rights to inspect and copy the protected health information that we maintain about you in our designated records set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. We may charge you a fee for the copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your medical information, you must submit your request in writing to our practice manager. You may mail in your request, or bring it to our office. We will have 30 days to respond to your request for information that we maintain at our practice. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

Request Amendment: You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- the information was not created by us, or the person who created it is no longer available to make the amendment;
- the information is not a part of the records which are permitted to inspect and copy;
- the information is not part of the designated records set kept by this practice; or,
- if it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions: You have the right to request restriction or limitation of how we use or disclose your medical information for treatment, payment, or health care operations. For example, you could request that we do not disclose information about prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our practice manager.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.

An Accounting of Disclosures: You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information.

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the cost of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications: You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint: If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice manager or directly to the Secretary of Health and Human Services.

To file a complaint with our manager, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation. You should know that there would be no retaliation for your filing a complaint. Please send your concerns to: Las Colinas Ear, Nose, Throat and Allergy 7449 Las Colinas Blvd #100, Irving, Texas 75063.

Uses or Disclosures Not Covered:

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time, and we will no longer disclose your health information about you for the reason stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

If you have any questions or would like additional information, you may contact our practice manager.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

By my electronic signature within the Patient Portal, I attest that I have received and acknowledge this notice of our privacy practices.



Patient Notification for Insurance Payment Policies for Certain In-Office Procedures and Tests

Please be aware that certain procedures and tests performed in our office are not included in the standard office visit cost. These procedures will be billed separately and in addition to office visit charges. We have become aware that some insurance carriers are classifying these procedures as “surgery” and applying the charges to a deductible amount. The result may be insurance payment for an office visit but not a procedure. In such cases, payment for the procedure will be due from the patient at the time of service. Be assured that we are following accepted billing and coding guidelines and that all procedures and tests are performed in the best interest of patient care.

Examples of in-office procedures and tests include, but are not limited to:

Cerumen (ear wax) removal: When cerumen is impacted and requires the use of instruments and the microscope to remove, it is considered a separate procedure.

Flexible laryngoscopy: This procedure involves passing a thin, flexible endoscope through the nasal cavity and into the throat. The flexible endoscope enables the physician to visualize areas of the throat not readily seen using laryngeal mirrors.

Nasal endoscopy: This procedure uses a flexible or rigid endoscope to view areas of the nasal cavities that cannot be viewed by the physician using the standard nasal speculum.

Nasal endoscopy with debridement or biopsy: This is the same procedure as above with removal of crusting or tissue, often required after sinus surgery.

Audiometric testing (hearing testing): Hearing tests are necessary to diagnose types of hearing loss, dizziness, tinnitus and other ear disorders. Coverage for hearing tests depends on your individual insurance policy.

If you have questions regarding costs of potential procedures, please do not hesitate to ask by phone before your appointment or in person with the front desk upon check-in.