



Thank you for choosing El Paso Head and Neck Surgery for your health care needs.

We do not want finances to be an issue for our patients, so we would like to explain our financial options.

1. Payment is due at the time treatment is rendered. We accept cash, check, Visa, Mastercard, American Express, Discover, and Care Credit.
2. As a courtesy to you, we will complete your insurance claim form and submit it to your insurance company. Your estimated co-payment is due at the time treatment is rendered. If your deductible has not been met, at the time verification is done, you will be responsible for PAYMENT IN FULL, up to that deductible. If you fail to bring the required insurance information to your appointments, you will be required to pay the bill in full and you will be reimbursed after your insurance company pays.
3. Our office does not guarantee that your insurance company will pay for the treatment you receive from our office. If your claim is denied, you will be responsible for paying the full balance amount that remains on your account. Our office will not enter into a dispute with your insurance company over any claim, although we will provide the necessary documentation your insurance company requests to settle the claim.
4. Payment plans will be offered for any balance over \$1,000, with a down payment required. They will be offered on a 6, 9, or 12 month option, only after you receive a denial from Care Credit. You will be required to leave a credit card on file and your monthly obligation amount will be run on an agreed upon date. There will be a \$25 non sufficient funds charge for every declined transaction.
5. If you are here for a worker's comp injury, it is your responsibility to provide us with the name of the insurance company, date of injury, insurance company's mailing address and phone number, as well as your adjuster's name. Without this information, we will be unable to file your visit and payment will be due at the time of service. Once we receive all this information, and bill your claim, you will receive reimbursement only after insurance pays.
6. In the event you should need any type of surgery, or in-office surgical procedure, you will be required to leave a \$100 deposit to schedule the procedure. Once the claim is filed, and insurance responds, any refund due to you will be refunded back to the original method of payment.

Signature: _____ Date: _____

Emergency contact name: _____ Phone Number _____