

# VICTORIA ENT & Allergy Associates, LLP

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## Patient Payment Policy

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Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with an insurance specialist or the Practice Manager.

### **How May I Pay?**

We accept payment by cash, check, VISA, Mastercard, Discover and CareCredit.

### **Do I Need A Referral?**

If you have a plan with which we are contracted, you MAY need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be required to pay in full at the time of service.

### **What if My Child Needs to See the Physician?**

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account.

### **How will a Refund be Processed?**

The refund is made by the initial form of payment. For example, if you paid by credit card, that credit card is credited. If you pay by check, then you are refunded by check.

### **What Is My Financial Responsibility for Services?**

Your financial responsibility depends on a variety of factors, explained below.

## Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
<p><b>PPO plans with which we have a contract</b>  <b>See our website for a list of plans that we are contracted with.</b></p>	<p><u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the office visit.</p> <p><u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.</p>	<p>Call your insurance company to determine copays, deductibles, and non-covered services for you.</p> <p>File an insurance claim on your behalf.</p>
<p><b>Insurance with which we are <u>not contracted</u> or out of Network PPO , including Tricare, Champus. and Champva</b></p>	<p>Payment in full for office visits, x-ray, injections, and other charges at the time of office visit. Prompt pay discount is offered at the time of service.</p> <p>File the claim yourself.</p>	<p>Provide you a receipt so you can file the claim with your carrier.</p>
<p><b>Medicaid/Chips</b></p>	<p>Obtaining a referral from your PCP if required.</p> <p>Pay your copay if you have a Chip plan.</p>	<p>File the claim to the the appropriate carrier on your behalf.</p>
<p><b>Medicare/RR Medicare/ Medicare Replacement Plan</b></p>	<p>If you have Regular Medicare, and have not met your deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap(and no deductible/coinsurance applies):</u>                      No payment is necessary at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u>                      Payment of your 20% coinsurance is requested at the time of the visit.</p> <p>If you have a Medicare Replacement Plan, you will be responsible for any copay, coinsurance or deductibles.</p>	<p>File the claim on your behalf, as well as any claims to your secondary insurance.</p> <p>Call your insurance to determine the amount of copay, coinsurance and/or deductibles you may owe.</p>
<p><b>Worker’s Compensation</b></p>	<p><u>If we have verified the claim with your carrier</u>                      No payment is necessary at the time of the visit.</p> <p><u>If we are not able to verify your claim</u>                      Payment in full is requested at the time of the visit.</p>	<p>Call your carrier to verify the accident date, claim number, primary care physician, employer information, and referral procedures.</p>
<p><b>Occupational Injury/Motor Vehicle Accident</b></p>	<p>Payment in full is requested at the time of the visit. We will not accept “Letters of Protection”.</p>	<p>Provide you a receipt so you can file the claim with your carrier.</p>
<p><b>No Insurance</b></p>	<p>Payment in full at the time of the visit. Prompt pay discount offered at the time of service.</p>	<p>Work with you to settle your account. Please ask to speak with our staff if you need assistance.</p>