



- Allergy & Sinus
  - Disease
  - ENT Surgery
- Hearing Exams & Hearing Aids
  - Thyroid & Parathyroid Surgery

### Financial Policy

1. It is our office policy that all co-pays, co-insurance and deductible charges be paid prior to services being rendered. In the event that you are scheduled for a surgery, payment is due no later than 24 hours before you are scheduled to report to the hospital or office.
  
2. All past due balances are expected to be paid before further services are rendered. If you have financial difficulty and cannot pay your past due balance, payment arrangements may be made by credit card, which will be kept on file and charged at intervals agreed upon by the billing department and the patient or guarantor.
  
3. If we do not accept your insurance as in-network, you will be responsible for the full cost of the service rendered. We will bill your insurance company for you and will issue you a refund if we receive payment. In the instance that your insurance should fail to pay for your visit, you agree to remain the responsible party and your payment will not be refunded.
  
4. **All referrals are the responsibility of the patient and must be presented at the time of visit.** In the event that you fail to get a referral and one is required, you will be asked to sign a waiver and pay in-full or you may reschedule your appointment.
  
5. I understand that knowing the terms, limitations and guidelines of my health insurance policy is my responsibility as a patient and I assume all financial responsibility for any charges incurred as a result of policy termination or coordination of benefits or limitation otherwise not mentioned that results in non-payment.

Please contact the billing department with any questions Monday through Friday between 8:30 AM and 4:30 PM by calling 866-977-4367 ext. 765 or in writing to 2004 Route 17M, Goshen, NY 10924.

Thank you for your cooperation. We look forward to serving you.

**I, the undersigned, acknowledge, understand and agree to the contents of this notice.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

