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Financial Policy

Thank you for choosing WWMG Department of ENT & Audiology to meet your specialized medical needs. We are committed to providing you with the best treatment available. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy. We recommend that you read this and keep it somewhere for your record.

Payment in full may be required at the time of service.

For your convenience, we accept cash, checks, Visa, Mastercard and Discover Card.

Payment plans will be accepted but do require formal approval.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will bill both your primary and secondary insurance plan (if applicable) for you, as long as you provide us with the correct information. Please be aware that some and perhaps all of the services provided may be non-covered services and/or not considered medically necessary under your health insurance plan. You, as the patient ultimately are responsible for payment of all services provided by our Care Center. Our Billing Office is available to discuss any questions you may have regarding your insurance or your account at 424-252-7132.

If we are a participating or preferred provider to your insurance plan, all co pays are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not participating or preferred providers, refer to the above paragraph. We do accept Medicare assignment, which means that the Medicare check will be sent directly to our office. Billing your Medicare supplemental insurance will be taken care of by this office if you provide us with the necessary insurance information.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients. We charge what is considered 'usual and customary' for our geographical area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Credit Policy:

Accounts are due and payable as of the date billed. Unpaid balances will be considered delinquent after 60 days. We realize that it may be necessary on occasion to arrange installment or other payment programs. If financial problems arise, please contact our Billing office as soon as possible by calling 425-252-7132. If an account becomes past due with no valid reason, necessary action will be taken to recover the past due balance.

Returned Checks:

Any returned check will be subjected to an additional \$35.00 returned check charge. To avoid this charge, you must bring in a cash payment within 24 hours of being notified by our office that we have received your check back as unpaid.

Credit Balances:

It is the policy of this office to routinely refund any credit of \$15.00 or more. If you are aware that you have a credit on your account that is less than \$15.00, we will gladly refund the amount back to you if you make a verbal request.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

With my signature, I acknowledge that I have read the above statement and agree to pay any charges within 30 days of receipt of statement unless other arrangements (such as contractual insurance) have been made. I authorize the physician to release my information required to process my insurance claims and authorize my insurance company to make payment directly to my physician.

I HAVE READ THE FINANCIAL AGREEMENT. I UNDERSTAND AND AGREE TO THIS POLICY.

Printed Name _____ DOB _____

Signature _____ Date _____