

Dr. Erik Kreutzer, MD, FACS

FINANCIAL POLICY

While we are providers for MOST medical insurance groups, there are several new plans created by the Affordable Care Act we do not accept as of yet. It is the PATIENT (or guardian) responsibility to verify that Dr. Kreutzer is an "in-network" provider of your insurance, especially new policies purchased on-line. All denied claims will be charged to the patient.

NOTE: Insurance co-pays are due prior to seeing the doctor.

I understand that I am responsible for all charges incurred. This office will, as a courtesy to me, bill my insurance. I will furnish this office with all the information necessary to bill my insurance. Any balance due after insurance has processed **or denied** a claim, is due by me. Any patient balance due is to be paid in full upon receipt of billing statement.

Any unpaid balances after 90 days will be turned over to a collection agency for resolution.

I agree that if it is necessary to forward my account to a collection agency, I am responsible for the cost of collections including attorney fees and court costs. I authorize payment of medical benefits to the physician for services provided. I authorize release of medical information to insurance if needed to process claims.

I understand and agree to the financial policy as stated above.

Patient / Responsible Party Signature

Date

Please be advised that certain exams, including fiber-optic scopes, that need to be done for the doctor to view your sinuses or vocal cords, are considered a "surgical" code by many insurance companies and may be subject to your policy deductible. This may result in an additional balance due by the patient.

Patient Initials