



Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY
HEARING AIDS • BALANCE TESTING

Russell Kitch, MD • Jenn Grady, MD • Jeffery Neal, MD • Julie Malka, AuD
North Charleston • West Ashley

FINANCIAL POLICY

YOUR INSURANCE:

We accept assignment of benefits from many insurance companies. For those insurance companies we have a contract with, we will bill those plans and only require you to pay the co-payment at the time of service. If you have an insurance that requires an authorization, it is ultimately your responsibility to obtain this from your Primary Care Physician. All charges that remain after 30 days will be charged a minimum be of \$10.00 per month unless payment arrangements have been made. Any account that goes to collections will be charged a collection fee.

CO-PAYS:

All co-pays are due at CHECK IN. If you do NOT have insurance or your co-pay is a percentage (e.g. 20%, 15%), those co-pays will be figured at check-out. However, if you are a NEW patient and you have no insurance you will be expected to bring \$225.00 with you at your first visit. That fee will be collected at CHECK-IN. That amount sometimes does not cover the visit cost in full. The full cost depends on any additional tests, procedures or services that need to be done during your visit to help you get well.

MINOR PATIENTS:

Any patient under the age of 18 will not be seen without a parent or guardian present.

NO-SHOW FOR AN APPOINTMENT:

There will be a \$25.00 charge for any appointments that are not canceled within at least a 12 hour notice.

RETURN CHECK POLICY:

There will be a \$35.00 fee for all return checks.

I have read and understand the financial policy above of the practice. I agree to be bound by its terms. I understand and agree that such terms may be amended from time to time by the practice.

Signature

Date