

## PATIENT FINANCIAL POLICY

Thank you for choosing Kids ENT of Indiana. We are dedicated to providing exceptional care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. As a courtesy to you, we will file all medical claims with your insurance company, based upon your authorization to release information to your insurance company as well as authorize to release benefits to us. All claims are filed within standard HIPAA guidelines. Please review the information provided below and notify us if you have any additional questions.

Proof of Insurance: We ask that you bring you/your child's insurance card at the time of your visit. This is to insure we have your most recent insurance information to accurately submit your claim. You will be asked to update personal and insurance information every twelve months or as information changes. If you cannot furnish an insurance card at the time of the visit, you will be responsible for payment in full at the time of service. We will be happy to supply you with an accounting of the visit so that you may submit all necessary information to your insurance company for reimbursement.

Referrals: If your insurance requires a referral, it must be in place prior to the appointment, or you may be asked to reschedule the visit. It is your responsibility to understand your insurance company's referral, precertification and authorization requirements.

Copayment: If your insurance requires a copayment, it is due at the time of your visit. This cannot be billed. You may be asked to reschedule your appointment if the co-payment cannot be collected at the time of service. We accept cash, checks, and all major credit cards.

In Office Procedures: In order to evaluate and/or treat you/your child, we may need to do a procedure or use an instrument that your insurance classifies as a "surgical procedure". Diagnostic procedures such as fiber-optic laryngoscopy and nasal/sinus endoscopy may be classified this way and could be applied to your deductible or co-insurance as an out of pocket expense to you, if applicable. This amount is determined by your insurance plan benefits and varies between plans.

Surgical Procedures: If you/your child requires a surgical procedure (non-office procedure) please note you will receive separate billing statements from the hospital or surgery center, surgeon(s), pathologist if applicable, and the anesthesia department.

Post-Surgical Visits: Office visits after surgery that are related to that surgery and are within the "global period" (specific number of days after surgery) are included in the surgical charge and will not require an additional co-payment or referral. However, endoscopic procedures do not have a global period and surgical aftercare is not included in the surgical fees. If your visit with us follows an endoscopic procedure, is unrelated to your surgery, or falls outside the global period, standard billing practices apply.

Audiology Services: There may be an additional co-payment or deductible due for Audiology services (performed outside the office) as well as a separate referral.

Missed Appointments: We understand that circumstances may arise prohibiting you from keeping your appointment. If you find that you are unable to keep your appointment, we kindly request that you notify us at least 24 hours in advance, which allows other patients to be scheduled. We make every effort to provide a courtesy call and/or email as a reminder of a scheduled appointment, however it is the responsibility of the patient/parent/legal guardian to keep a record of all upcoming appointments. No-showed appointments may be charged a service fee of \$50.00. If you miss three appointments, we reserve the right to discharge your care to another healthcare facility.

Payment of Services: Your insurance policy is a contract between you and your insurance company. We must emphasize that as medical providers, our relationship is with you, not your insurance company. We will gladly submit fees for your covered medical services to your insurance company. However, we expect payment of all services within 60 days. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover. It is your responsibility to understand your coverage and benefits, including precertification and authorization requirements. If for any reason your insurance company does not pay your bill, all charges are ultimately your responsibility. Kids ENT of Indiana, LLC offers a 30% discount to self-pay patients if paid at the time of service. Returned checks will result in a \$35.00 fee that will be posted to your account. Returned checks, balances older than 60 days, and failure to pay account balances as promised may be subject to external collection and additional fees, including attorney and potentially court fees. For all services rendered to minor patients, we look to the parent or guardian with legal custody (and who is accompanying the patient to the appointment) for payment. Minors less than 18 years of age must be accompanied by a parent or court appointed legal guardian in order for us to treat them.

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

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Signature of patient or responsible party if minor

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Date

## Kids ENT of Indiana Notice of Privacy Practices

We are dedicated to maintaining the privacy of your medical records. This notice contains important information about our privacy practices which are compliant with the Health Insurance Portability Act of 1996 and related regulations. This notice describes how your Protected Health Information may be used and disclosed, your privacy rights regarding your medical information, and indicates how you get access to this information. Please review it carefully. If you have any questions about this notice, please contact our Privacy Officer DJ Trigg MD at [questions@kidsentindiana.com](mailto:questions@kidsentindiana.com). Your medical records are our property. However, we are required by law to maintain the confidentiality of your medical information, provide you with this notice of our legal duties and privacy practices concerning your medical information called Notice of Privacy Practices and to follow the terms of our notice of privacy practices in effect at the time.

Changes to this Notice: The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change or amend our notice of privacy practices. You may request a copy of our most current notice during any visit to our practice. The following categories describe the different ways in which we may use and disclose your Protected Health Information: **Treatment** We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: We may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. We also may use and disclose your medical information to obtain payment from other third parties who may be responsible for such costs. Also, we may use your medical information to bill you directly for services and items under applicable law. **Health Care Operations** We may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you receive quality care and that our organization is well run. An example of the way in which we may use and disclose your information for our operations would be to evaluate the quality of care you received from us. We may also disclose your information to doctors, nurses and students for review and learning purposes. We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you.

Appointment Reminders: Our organization may use and disclose your protected health information to remind you that you have any appointment and/or to remind you of the need to make a follow-up appointment or to completed testing.

Disclosure: We shall only disclose protected health information as permitted by law or with your permission. In addition, we shall make every effort to prevent unintentional disclosure although the regulations consider such disclosure legal. When necessary for your care or treatment, our operations and related activities, we use protected health information internally and may disclose such information to other healthcare providers, payers, and others who may be financially responsible for payment for services and benefits you receive, vendors, consultants, government authorities. These parties are required to keep your protected health information confidential, as provided by law.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you. We will use or disclose medical information about you when required by applicable law.

Public Health Activities: Our organization may disclose your medical information for public health activities, including; 1. To prevent or control disease, injury or disability; 2. To maintain vital records such as births and deaths; 3. To report child abuse or neglect; 4. To notify a person regarding potential exposure to a communicable disease; 5. To notify a person regarding a potential risk for spreading or contracting a disease or condition; 6. To report reactions to drugs or problems with products or devices; 7. To contact public health surveillance, investigation or intervention; 8. To notify individuals if a product or device they may be using has been recalled; 9. To notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient including domestic violence; and 10. To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance, with your permission.

Abuse, Neglect and Domestic Violence: We may disclose your medical information to a government authority if we believe your child is a victim of abuse or neglect as this is mandated by law. If we make such a disclosure, we will inform you of it, unless we think informing you places your child at risk of serious harm.

Lawsuits and Similar Proceedings: We may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by

another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Workers' Compensation or Disability Claims: We may release your medical information for your workers' compensation and disability claims and similar program to appropriate agencies.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION: You have the following rights regarding the medical information that we maintain about you: **Requesting Restrictions** When requested in writing, you have the right to request a restriction in your medical information for treatment, payment or healthcare operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use and disclosure of your medical information you must make your request in writing to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You need not give a reason for your request. **Inspection and Copies** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records. Please make all record requests through the secure messaging service on our website. Otherwise, you must submit your request in writing to the Privacy Officer in order to inspect/or obtain a copy of your medical information. In accordance with state law we may charge a fee. In accordance with law and our best judgement, we may deny your request to inspect and/or copy your medical information in certain limited circumstances; however, you may request a review of our denial. **Amendment** You may ask to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our Practice. To request an amendment, your request must be made in writing to our Practice. You must provide us with a reason that supports your request for amendment. We may deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if the amendment would violate any law or statute or if you ask us to amend information that is: 1. Accurate and complete; 2. Was not created by us; or 3. If the individual who created the information is no longer an employee of our Practice. **Accounting of Disclosures** An accounting of disclosures is a list of certain disclosures we have made of your medical information that you did not specifically authorize. You have the right to request a copy of our accounting of disclosures for your medical information. Your request must be made in writing to the Privacy Officer. All requests for an accounting of disclosures must state a time period that may be no longer than six years. The first list you request within a 12-month period is free of charge. A charge for subsequent requests in the same 12-month period will be imposed in accordance with state law. **Right to a Paper Copy of This Notice** You have the right to receive a paper copy of our Notice of Privacy Practices. You may print a copy of this notice from our website. To obtain a copy of this notice, ask any member of our staff or contact the Privacy Officer.

Right to File a Complaint: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying

our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. Right to Provide an Authorization for other Uses and Disclosures We shall make a good faith effort to obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing by sending a written, signed and dated request to the Privacy Officer. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.

I acknowledge the Privacy Policy

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Parent