



CONDITIONS OF REGISTRATION

THE PRACTICE

Shea Ear Clinic and/or its physicians, employees, agents or assignees will hereafter be referred to as “The Practice”.

CONSENT FOR TREATMENT

You, or the person being scheduled for an appointment, should be prepared to consent to the administration of such medical treatment, diagnostic and/or therapeutic procedures and surgery as recommended by the physician rendering care to you or the person scheduled for an appointment. The procedures may include, but are not limited to, surgery, laboratory and x-ray procedures.

AUTHORIZATION & ASSIGNMENT OF INSURANCE BENEFITS

You should be prepared to authorize The Practice to apply for benefits for services rendered to yourself or the person receiving services under any health insurance policies/programs providing benefits and you should also be prepared to assign and authorize payment of benefits from your insurance company to The Practice (including benefits payable under Title XVII of the Social Security Act and/or any other governmental agency). You should be prepared to irrevocably authorize all such payments to The Practice. You should be prepared to authorize The Practice to contact your employer or insurance company regarding information, existence of insurance and coverage of benefits as they pertain to the person receiving services.

RELEASE OF MEDICAL INFORMATION

You should be prepared to authorize The Practice to release any and all medical records and/or other information and records required by your insurance company or its designated review agents who provide insurance benefits on behalf of the person scheduled to receive services including if applicable, the employer and/or employer’s workman’s compensation insurance company, the Social Security Administration, or the Centers for Medicare & Medicaid Services (CMS) needed to determine benefits and to process insurance claims and secure payment of benefits to either the insured or to The Practice; and authorize any hospital, lab, physician, or other healthcare provider and/or their staffs and to release the medical records and/or other records and information on the person receiving our services to The Practice as required for payment of benefits and/or required for medical or any other reasons; and authorize The Practice to release the above mentioned records for any of the above reasons and the person who is having records copied and shipped on their behalf, should be prepared to pay any applicable charges for having records copied and shipped. The person responsible for the payment of services rendered should note that The Practice may demand payment of these fees and charges before turning the records over to yourself or other authorized person (such as the patient’s parent guardian or lawyer).

REFERRALS AND AUTHORIZATIONS

Patients and guarantors of minor children should understand that it is their responsibility, if they have an insurance plan that requires any referrals, pre-certifications or authorization to receive any additional medical services, such as specialty care and diagnostic testing, to obtain such authorization from their primary care physician (PCP) or insurance company prior to such non-emergency services being rendered. Additionally, if any aforementioned procedures are not done, the patient or their guarantor may cause reduced or rejected coverage for which they will be held responsible and that any of these aforementioned actions do not guarantee that a person’s insurance company will pay for that person’s claims. Any denial of claims is between the policyholder and/or subscriber and their insurance company. Shea Ear Clinic will hold the guarantor of the services responsible for all claims not paid with sixty (60) days.

FINANCIAL AGREEMENT

The patient or guarantor of the account must agree that payment in full is due at the time of service. The Practice will bill file for insurance benefits and accept payment per The Practice's contractual agreements with insurance companies which we are contracted. Any questions or disputes concerning insurance coverage or payment of benefits are a matter between the insurance subscriber and/or policyholder and the insurance company. Any assistance in this matter granted by The Practice is given strictly as a courtesy and implies no responsibility on The Practice's part for filing, follow through or confrontation. Should any balances arise due to insurance co-payments, co-insurance, deductibles, termination of coverage, not adding a dependant to insurance plan, non-payment at time of service and/or any other reason, the guarantor of the account will be responsible for paying all charges within 30 days of receiving their bill.

COPY OF SIGNATURE

The person receiving our services or the guarantor of the account should be prepared to authorize a copy of their authorization and signature to be used in place of the original on all insurance claim submissions and for the release of any medical records and/or other records and information, as stated herein, whether manual, electronic or telephone.

CERTIFICATION

The person receiving our services or the guarantor of the account should be prepared to certify that the information they report with regard to their insurance coverage is correct and that the above will be honored by their insurance carriers. This certification will also apply to application for benefits under Title XVII of the Social Security Act and/or any other government agency, if applicable. The person receiving our services or the guarantor must also be prepared to certify that they have read the foregoing and as the patient/parent/guardian/guarantor understand and fully accept the terms therein.