

## Non-Surgical Financial Policies

- **Payment Plan Policy**

- Payment on unpaid balances is expected within 30 days of your first statement. If you are unable to pay your balance in full, please contact the Billing Department to discuss payment plan options.

Payment options are:

- 1/12<sup>th</sup> of the outstanding balance per month
- If outstanding balance is less than \$600, a minimum payment of \$50 is required per month
- Care Credit ([www.carecredit.com](http://www.carecredit.com))

- **Copay Policy**

- Copay is due at the time of your appointment

## Insurance Authorization and Assignment

I have read this form fully and completely and certify that I am the patient or duly authorized general agent of the patient authorized to furnish the information requested.

I hereby authorize Moreland ENT to furnish information regarding my treatment and illness to insurance carriers. I hereby assign to Moreland ENT any payments for medical services rendered to me or my dependents.

I understand that I am responsible for payment of all fees for medical services regardless of insurance coverage or payment by the insurance company of usual and customary fees with the exception of medical assistance or other fully sponsored government accounts. I understand that usual and customary fees may not be accepted as full payment for medical services by Moreland ENT.

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Signature of Patient or Personal Representative

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Date of Signature