Downriver ENT, P.C.
Ear, Nose & Throat
14575 Southfield Road ● Allen Park, MI 48101 ● (313) 381-8787
22255 Greenfield Ste. 200 ● Southfield, MI 48075 ● (248) 304-7772

FINANCIAL POLICY ACKNOWLEDGMENT FORM

Thank you for choosing Lascelles Pinnock, M.D. as your ear, nose and throat specialist. As of October 9, 2012, please note the following changes regarding billing policy, which we require that you read, and sign prior to treatment.

Please refer any billing questions to the Billing Department; the doctor is unable to address the concerns.

OUR FINANCIAL POLICIES ARE AS FOLLOWS: Dr. Lascelles Pinnock participates with most major insurance companies. As such, we are required to verify health insurance coverage and check identification prior to each visit. We appreciate your patience and understanding during this process. Having current and accurate information also allows us to process your claim promptly and correctly.

PATIENT RESPONSIBILITIES
Patients are responsible for paying co-pays, deductibles and non-covered services as specified by their insurance plan coverage in effect at the time of service.

- *All known co-pays, or non-covered services must be paid at the time of service.*
- *Any unanticipated co-pays and deductibles must be paid upon receipt of the first statement.*
- *Any balance outstanding for more than 90 days will be sent to collections. If the office has not received notification regarding an address change, your account will be sent to collections.*
- *A charge of $30.00 will be assessed for each returned check to cover the corresponding bank charge and related costs.*

Patients also fully understand that they are responsible for any services rendered by Dr. Pinnock , the Allergy and Hearing Departments, which consist of:

CONSENT

	Office Visits
	Office Procedures
	Allergy Testing
	Allergy Serum
	Allergy Injections
	Hearing Test

NO SHOW FEES

$25.00	Hearing Test
$100.00	Hearing Test, ABR
$150.00	Hearing Test, ABR, VNG
$75.00	Allergy Testing

We Must also have at least 72 hours notice for cancellations.

HMO patients are required to obtain a written referral from their *primary care physician* prior to any procedures, surgeries, and Evaluation/Management Visits. It is the ***patient's responsibility*** to make sure that they have the referral with them or that the referral is already in our office the day of the scheduled visit. We **will not** contact your primary care physician for any reason. HMO contracts do not allow our physicians to see patients without the appropriate referral on file.

I authorize Downriver ENT to access my medication history VIA the pharmacy benefit network. This authorization is valid until revoked in writing. I have also read and acknowledge the policies and standards for Dr. Lascelles Pinnock.

Signature: **Initials:** **Print:**

Acknowledgment of Receipt of Notice of Privacy Practices
(to be filed in patient's medical record)

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law; outlining my rights regarding my health information.

Signed:_____ **Date:**_____

Relationship (if not signed by patient): _____

I wish to place the following restrictions on disclosure of my health information:

Internal Use Only
If patient/patient's representative refuses to sign acknowledgment, please document date and time notice was presented to patient and sign below.
Presented on date and time):

Revised September 21, 2017