



Financial Policies

We thank you for choosing Bartlesville ENT & Allergy for your medical needs. We are committed to the success of your medical treatment. Prompt payment of your bill is one aspect of your responsibility. We have written this policy so you know what to expect financially when visiting our office.

Uninsured: IF you do not have health insurance you will be charged \$110.00 for your office visit. Payment in full is due upon check in.

Copays: All copays are due at time of check in. If you do not have your copay you may have to reschedule.

Insurance: It is your responsibility to know your plan and if we are in network. We will file your insurance. You will be responsible for whatever your insurance does not pay. It is your responsibility to make sure we get updated insurance cards from you. If you do not bring your insurance cards with you, you may have to reschedule your appointment.

Returned checks: There will be a \$25.00 charge added to all returned checks.

Worker's compensation: If your visit is due to an accident at work please inform our receptionist. You will need to contact your supervisor for instructions on how to file a worker's comp claim.

Liability injury/Automobile accident: If your visit today is the result of another party or an automobile accident you will be responsible for full payment and you will collect from the responsible party or auto insurance carrier.

Collections: Accounts that have no payment activity for 60 days will be sent to an outside collection agency.

No Show Policy

Any patient who fails to show up for a scheduled appointment and does not give sufficient notification (within 24 hours of scheduled appointment) will be designated as a **No Show**.

After three (3) no shows patients risk being dismissed from our practice.