

### FINANCIAL POLICIES

- 1. Private Insurance:** You are responsible for deductibles, copays, coinsurance, any non-covered services including out-of-network charges specific to your plan, and items considered not medically necessary by your insurance company. Copays and deductible amounts are due at time of service. Balances are due 30 days after receipt of payment from your insurance company. If you or your insurance carrier makes payment exceeding your balance, reimbursement will be remitted.
- 2. Private Pay:** Please make payment for your care at each patient visit.
- 3. Medicare:** Our office will submit your Medicare charges to Medicare and your secondary insurance, if applicable. You are responsible for co-insurance, co-pays, and any non-covered services.
- 4. Balances Due:** Invoices are emailed immediately after your claim has been processed. Payment is due within 30 days of the invoice email date. Reminder emails will be sent 30 and 60 days after the invoice email date. A 5% late fee will be added to all invoices that are 60 days overdue. Unpaid invoice balances will be transferred to a debt collection service 90 days after the initial invoice email date. We can no longer accept payment for balances after an account has been transferred to a debt collection service.
- 5. Paperless Billing:** Our offices do not mail paper invoices; we email invoices when balances are due. Patients may also log in to the Invoice Portal on our web sites to view their invoices and statements. Patients who choose to opt out of paperless billing will be charged a processing fee for each paper invoice mailed to them.

### GUARANTEE OF PAYMENT

1. I understand that I am responsible for payment of all fees and services rendered, irrespective of insurance coverage or other responsibilities. **NOTE:** We will bill your primary insurance. If insurance does not pay in a timely manner (within 90 days from the date of service and insurance filing), the insured will be expected to pay the balance and then pursue reimbursement from the insurance company. I understand there is a \$50 fee for any returned check for NSF (non-sufficient funds). **The guarantor of each account is ultimately responsible for payment in full of the account.**
2. I have been advised that if my commercial insurance carrier/HMO/Medicare plan claims that the services I receive from Colorado Springs Ear Associates, PLLC, hereafter known as CSEA, are not considered reasonable and medically necessary for my care, I will be responsible for payment of these services.
3. I understand that my insurance plan may require my primary care physician to obtain an **authorization number** for the services that I receive from Dr. Hegarty. I have been advised that if I did not request a referral and authorization from my PCP in advance, my insurance plan may deny payment for services and I will be responsible for payment of all services.
4. I understand that it is my responsibility to determine if Joseph Hegarty, M.D. is a network physician for my **specific insurance plan** even if I have been advised that he is contracted with most commercial insurance companies. I understand that I may be responsible for paying out-of-network fees if relevant.

### ASSIGNMENT

1. I assign the benefits from my insurance carriers to this office for the medical/surgical benefits to which I am entitled.
2. I request that payment of authorized Medicare benefits be made on my behalf to CSEA for any service furnished to me by these providers.

### RELEASE OF INFORMATION

1. I authorize CSEA to release to my insurance carrier(s) any information needed to determine benefits payable for services.
2. I authorize CSEA to release any information regarding my evaluation and treatment to my Referring/PC Providers.
3. I authorize any physician, hospital, laboratory or x-ray facility to release to CSEA any and all medical information, hospital records, laboratory studies or x-rays that may be requested. A copy of this authorization is as binding as the original.



**ACKNOWLEDGMENT OF RECEIPT OF FINANCIAL AND PRIVACY PRACTICES**

\_\_\_\_\_ (initial) **I have read and understand the CSEA Financial & Privacy Policies.**

I authorize Colorado Springs Rock Ear Associates to discuss my private health information with the following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date (valid for one year from this date)

\_\_\_\_\_  
Printed Name of Patient's Representative

\_\_\_\_\_  
Relationship

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Colorado Springs Ear Associates (CSEA)** uses health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of **CSEA**.

**How CSEA May Use or Disclose Your Health Information:**

**For Treatment:** **CSEA** may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. **CSEA** may use your health information when referring you to other health care professionals and facilities.

**For Payment:** **CSEA** may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. **CSEA** may use your information to contact you about account balances. **CSEA** may use your information to access financial assistance programs for you that may help to defray the costs associated with your care or treatment.

**For Health Care Operations:** **CSEA** may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.
- Required by law. **CSEA** may use and disclose information about you as required by law. For example, **CSEA** may disclose information for the following purposes:
- For judicial and administrative proceedings pursuant to legal authority;



- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties;

**Appointment Reminders and Treatment Calls:** CSEA may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with limited information.

**Notification:** CSEA may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** CSEA health professionals and staff, exercising their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify in accordance with HIPAA policies, health information relevant to that person's involvement in your care or payment related to your care.

**Business Associates:** In some cases, CSEA contracts with business associates to provide services on its behalf. An example includes arrangements with business associates of CSEA to provide collection or research services. CSEA may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, CSEA requires the business associate to safeguard your information.

**Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Decedents:** Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. Organ/Tissue Donation. Your health information may be used or disclosed for organ or tissue donation purposes.

**Research:** CSEA may use your health information for drug or research studies when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research. CSEA may use information to identify qualified candidates for research. CSEA may use information to make contact with you to determine your interest in the research study/clinical trials.

**Physician Board Certification:** CSEA may use your health information to submit to the Professional Certification Board for purposes required for physicians' qualification to complete their specialty board examination.

**Health and Safety:** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Food and Drug Administration (FDA):** CSEA may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Government Functions:** Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**Worker's Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.

**Other Uses:** Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent CSEA has taken action in reliance on such.

### **Your Health Information Rights:**

You have the right to:

- Request a restriction on certain uses and disclosures of your information; however, CSEA is not required to agree to a requested restriction;
- Obtain a paper copy of this notice of information practices upon request;
- Inspect and obtain a copy of your health record;
- Request that your health record be amended;
- Request communications of your health information by alternative means or at alternative locations; and



- Receive an accounting of disclosures made of your health information.

**Obligations of Colorado Springs Ear Associates:**

**CSEA** is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

**CSEA** reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be given to you upon your request.

**Complaints:**

You may complain to **CSEA** and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

