



Linda Brodsky, MD
 Christopher Poje, MD
 Philomena Behar, MD
 Lucille Kingston, PNP
 Jared Martin, PA

Thank you for choosing PENTA for your child's and family's care. Our 3 board certified, fellowship-trained physicians, pediatric nurse practitioner and physician's assistant are committed to providing your child with excellent treatment and care.

We know that navigating the complex healthcare financial system can be difficult and at times frustrating. For your convenience, we would like to provide you with our financial policy. Feel free to call our Billing Office @ 362-9730 Ext 603 if you ever have any questions.

Payment Methods

Our office accepts cash, personal checks, Master Card, Visa, and Discover cards. We are also pleased to help you establish a Care Credit Account, which provides you with an interest free installment payment service. (www.carecredit.com)

Participating Insurance Plans

We participate with the following insurance companies. This means we bill your insurance company and receive payment directly from them. You will only be billed for those balances that are your responsibility as per your contract.

Aetna	Medicaid (New York only)
BC/BS	Medicare
BC/BS Child Health Plus	Meritan Health
Cigna	Nova
Community Blue	Pomco
Community Care	Rmsco
Empire Plan	Tricare
Fidelis	Univera Child Health Plus
GHI	Univera Plus Med
Independent Health	Univera
Independent Health Medisource	

Non-participating Insurance Plans

We are happy to see patients of non-participating plans. We will help submit your bill to the insurance plan and you will directly receive reimbursement from them. We ask you to pay your charges at the time of the visit.

Referrals

Insurance companies listed below all require insurance referrals to be seen by a specialist:

BC/BS Child Health Plus	Univera Child Health Plus
Community Care	Univera Plus Med
Independent Health Medisource	

After you have made your appointment, please call your child's primary care physician, they will obtain a referral from your insurance. This referral must be in place prior to your child's appointment. We are unable to see your child without this referral. There are also some self-funded Independent Health contracts that require a referral, please check your insurance plan.

Financial Responsibility

Co-payments-- most commercial contracts require a copayment. Some insurers will indicate this on you insurance card, others may not. Our office will call your insurance company prior to your appointment to verify your co-payment. We are required to collect the co-payment at the time of the office visit.

Co-insurances and Deductibles-Prior to your office visit or surgery-- our office will contact your insurance to determine whether there are any co-insurances and deductibles that will apply to your visit. These must be paid at the time of the visit. We then submit a claim to your insurance to ensure that these charges are applied toward your deductible.

No Insurance-- Payment is required at the time of service, if there is no insurance coverage at the time of the visit. For those families with special financial needs, we will try to work closely with you to assure that your child can still receive medical care.

Rescheduling Appointments-- If you need to reschedule your child's appointment, we ask that you give us 24 hour notice. This will allow us to fill that appointment slot with another patient that is waiting to be seen. If you fail to keep your appointment or if you cancel your appointment with less than 24 hours notice, there will be a \$25.00 charge applied to your account.

Surgery

In some cases, if you have decided to proceed with your physician's recommendation for surgery, a pre-surgical deposit may be required, depending on your insurance plan coverage and deductible/co-insurance amounts. A cost estimate with your financial responsibility, based on your benefits and coverage, will be obtained from your insurance by our billing office. If you have any questions or concerns, please contact our Billing Office @ 362-9730 Ext. 603.

Guarantor Signature:

I request the payment of authorized Insurance, Medicaid and Medicare benefits be made on my child's behalf to Pediatric ENT Associates, PLLC. I authorize any holder of medical information about my child to release to the Centers of Medicare and Medicaid Services(CMS) and its agents or my insurance company any information needed to determine the benefits payable. I further agree to make payment for any and all services not paid by my health insurance plan.

Patient Name

Account #

X

Signature of Guarantor

Relationship

Date