



*Linda Brodsky, MD Founding Partner*

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

Your child has an upcoming appointment with our office on \_\_\_\_\_ at \_\_\_\_\_. Our 2 board certified; fellowship-trained physicians, pediatric nurse practitioner and physician's assistant are committed to providing your child with excellent treatment and care. Please take a few minutes to fill out the attached paperwork prior to your next appointment. This will help streamline your visit. Your appointment is at:

\_\_\_\_\_ 3580 Sheridan Drive, Suite 120  
 Amherst, NY 14226

\_\_\_\_\_ 2721 Transit Rd, Suite 112  
 Elma, NY 14059 (Transit Commons)

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. There is a service charge of \$25.00 for returned checks.

**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  
 BC/BS  
 BC/BS Child Health Plus  
 CIGNA  
 Community Blue  
 Community Care  
 Empire Plan

Fidelis  
 GHI  
 Independent Health  
 Independent Health Medisource  
 Medicaid (New York only)  
 Medicare

Nova  
 Pomco  
 Rmsco  
 Tricare  
 Univera Child Health Plus  
 Univera Plus Med  
 Univera

**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**— Some insurance companies required us to collect a co-payment at the time of your office visit. This may or may not be stated on your insurance card. We will call your insurance company prior to your appointment to verify your co-payment.

**Filling Out Forms:**

There is a \$5.00 fee for any form that needs to be completed by our practice. This fee must be paid prior to the forms being filled out. (example: FMLA forms)

**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:**

If you proceed with your physician’s recommendation for surgery, a pre-surgical deposit may be required. Some insurance plans have a deductible and/or co-insurance. We will estimate and discuss with you any amounts due prior to surgery, based on your insurance benefits and coverage. If you have any questions or concerns, please contact our Billing Office @ 362-9730 Ext. 603.

**If you cancel surgery with less than 24 hours notice, there will be a \$100.00 charge applied to your account.**

**Pre-Authorizations:**

- 1) CT& MRI may require Health Insurance preapproval. Our office will assist in this process that may take 7-10 business days and we may need your assistance.
- 2) Medications may also require Insurance approval. Again, this may take 7-10 days.

**Late Fees**

Patient balances are due within 30 days from the date of the initial statement. A \$15.00 late fee will be assessed on each patient statement generated after the first statement until the outstanding balance is paid. Please contact our billing department if you are unable to pay your balance and we can arrange a payment plan.

**Coverage for In-Office Procedures:**

Please note that some insurance companies may not pay fully for some in-office procedures such as: hearing exams, wax removal, voice box exam (endoscopy), etc.. Please check with your insurance company prior to your visit.

**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.

<b>Patient Name</b>	<b>Account #</b>
<b>X</b>	
<b>Signature of Guarantor</b>	<b>Relationship      Date</b>

Please note: There may be changes made to the policy without notice. If you would like a current copy of the policy, please contact our office.