



# PATIENT PAYMENT POLICY

Effective August 1, 2014

To Our Valued Patients:

Thank you for selecting Ear, Nose and Throat Associates of Central PA. We truly appreciate your confidence and trust. It is our privilege to provide for your care.

We would like to take this opportunity to inform you of a change in our payment policy. Effective, August 1, 2014, we will require payment prior to any service being rendered, including any known co-pays, co-insurance(s), deductibles, and prior patient balances.

In addition, we will require you to provide a credit card to secure payment for any unknown balance that your insurance carrier may not cover. Once ENT Associates receives an Explanation of Benefits (EOB) from your insurance, we will charge your credit card if there is any outstanding balance that is owed. Your signature will be required for authorization of payment.

Once again, thank you for the privilege of allowing ENT Associates to provide for your care. We appreciate your understanding and cooperation.

Sincerely,

*The Staff*

ENT Associates of Central PA

Please Note: Our practice utilizes *PaySpan* the most secure payment system available.