

Appointments

Every effort is made to accommodate your schedule in setting up routine appointments. We suggest calling four to six weeks in advance to ensure the most convenient time is available.

You are expected to pay your co-payment, co-insurance or any applicable deductible in full at the time of your visit. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit.

If you cannot keep your appointment, we ask that you notify us at least 24 hours in advance. Otherwise you will be charged a late cancellation/no show fee of \$25.00. These charges will be your responsibility and will be billed directly to you. The courtesy of an advance phone call from you makes it possible for us to give your appointment to another patient. Any incurred “no-show” fees must be paid prior to being seen again. If you miss more than 3 appointments, you may be formally discharged from our practice. We also require 24 hours notice for cancellations of Allergy Testing and Balance Testing.

If you are late (15 minutes or more), we will make every effort to fit you in, but please understand that this may not be possible and the appointment may have to be rescheduled.

We make every effort to be on time for your appointment. However, emergencies and complex patient problems sometimes cause disruptions to our schedule. We understand the inconvenience this may cause you, and we will do our best to inform you if we anticipate an extended delay.

Please bring any appropriate test results, x-rays, medical records and/or hearing tests with you or request that they be sent directly to our office. Please do not rely upon a third party to forward your records – we request that you hand carry all pertinent information to your appointment.

Cancellation/No Show Policy

Missed Appointments: We understand that there are times when you must miss an appointment due to an emergency or obligation for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much-needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a full schedule. Therefore, if an appointment is not cancelled at least 24 hours in advance, you will be charged a twenty-five dollar (\$25) fee. This will not be covered by your insurance company and must be paid in full before any further appointments can be scheduled. This includes allergy testing appointments.

Multiple “no shows” in any 12 month period may result in termination from our practice.

Delays: We understand that delays can happen. However, we must try to keep the other patients and providers on time. If a patient arrives 15 minutes past their scheduled time, we may have to reschedule the appointment.

Surgery: Due to the large block of time allocated for surgery, last-minute cancellations can cause problems and added expenses for the office and surgery center or hospital. If surgery is not cancelled at least 5 days in advance, you will be charged a seventy five dollar (\$75) fee. This will not be covered by your insurance company and must be paid prior to scheduling any appointments or surgery.

Insurance & Payment Policy

We understand that the healthcare system is becoming increasingly complex and we will do everything possible to assist you in this area.

We ask that you present your insurance card to us at every visit, as well as any required referrals. If you fail to provide us with the correct information at each visit you may be responsible for payment for all services provided.

If you are not insured by a plan we participate with, payment in full is expected at the time of service unless previous arrangements have been made with our billing department.

For balances over 30 days, an interest fee of 1.5% per month (18% annually) will be charged. If you choose to set up a payment plan utilizing automatic withdrawals or allow us to charge your credit card automatically each month, interest fees will be waived. However, should the automatic withdrawal or credit card decline payment, this arrangement will be considered cancelled and interest will be charged.

If no payment arrangements have been set up with our office and the account remains unsatisfied over 90 days, the account will be sent to a collection agency who will report to the National Credit Bureaus.

Your health insurance contract is between you and your insurance company. Knowing your insurance benefits is your responsibility. Any questions or complaints regarding your coverage should be directed to your insurance carrier.

Please be aware that some of the services you receive may not be covered or considered “necessary” by your insurer. Our providers will never perform or supply any service that they do not feel is absolutely necessary for you. Therefore, you will be responsible for the entire amount your insurance company does not pay.

For your convenience, we accept cash, check, MasterCard, Visa, Discover and American Express, as well as Care Credit.

Financial assistance is available and must be pre-arranged with our billing department.

Confidentiality

Our entire staff is dedicated to providing you with personal and completely confidential care. No medical information may be released to a third party without your written consent. A copy of our Notice of Privacy Practices is always available at your request.

In accordance with federal regulations to protect against identity theft, we require a form of photo identification when seeking care for yourself or a dependent. A valid driver’s license is the preferred method of identification. It is also our policy to include a picture of the patient on their chart to protect against identity theft and for the provider’s reference.

Emergencies & After Hours

A provider is on-call 24 hours a day for emergencies. To reach the provider on-call after hours, call our main number. Our answering service will relay your message to the provider, who will return your call as quickly as possible. Please remember that this service is for emergencies only – prescriptions will not be refilled after hours.

Medical Records

Our office uses HIPAA-compliant electronic medical records. You are legally entitled to your entire medical record in electronic form with written request. We typically require a week to supply requested records. Since copying records for mail or fax requires employee time and our own office supplies, you will be responsible for the costs incurred and records will not be released without payment. Your medical records will only be released to you or a third party with your written request specifying exactly what is to be released and where.

Please be sure to include the patient's full name, date of birth, and the complete address of where to mail/fax the records.

Prescription Refills

All prescription refill requests should be called in to your pharmacy. Your pharmacy will then notify our office if authorization is needed. Refill requests will be handled within 48 hours of receiving the pharmacy's request.

Referrals

Patients are responsible for obtaining any necessary referrals prior to their visit or risk their insurance refusing to cover services provided in our office.

Telephone Calls

In non-emergency situations, we would appreciate your calls during regular office hours.

During regular office hours, telephone calls are answered by our qualified support staff. For your added convenience, we also accept secure, HIPAA-compliant messages via our patient portal for non-emergency situations.

While we make every effort to answer calls as they come in, some calls must go to voicemail. We return every call the same day. Please be patient as we are a very busy office.

Forms

Our office charges \$10 for the completion of forms. An information form and pre-payment must accompany the forms you wish to be filled out.

Test Results

Our policy is to deliver your test results to you in a responsible manner. This means that not only do you receive the results, but also an explanation as to what those results mean for you personally. This also means that those results are taken into consideration as a plan is developed for your best health. This involves review of your current health status and any variables that either directly or indirectly affect your health. We feel that this is best accomplished in the office setting in direct discussion with a provider. For this reason, test results are discussed at a follow-up appointment with a provider, not over the phone or via email.

Cerumen Removal

Dr. Gergits has designated and trained his assistant to perform cerumen removals. Uncomplicated cerumen removals are therefore performed the assistant in our office unless specific instructions otherwise are given by Dr. Gergits.

This policy is subject to change at any time without notice. A copy of the most current policy can be found on this website or at request.

Consent to treatment in our office implies acceptance of this policy with or without patient's signature below.

I, _____, acknowledge that I have received notice of Sinus & Allergy Wellness Center's Office Policy and any questions I had regarding the policy have been answered to my satisfaction.

Signature: _____ Date: _____