QUEEN CITY
EAR NOSE & THROAT

Policy Consent Form

Financial: It is the policy of Queen City Ear Nose and Throat that all patients pay their deductible, copay, coinsurance, and/or any service fees at the beginning of each visit unless other financial arrangements are made in advance. Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. A quote of benefits is not a guarantee of benefits or payment. You will be held accountable for any unpaid balances by your plan and may be billed for any outstanding balances. Patients with outstanding balances over 90 days may not be able to schedule an appointment until the balance is resolved. Unresolved balances will be sent to collections after three statements of notification have been sent without payment. There is a returned check or insufficient funds fee for any checks returned of $50.00.

Acknowledgement of Policies: I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Queen City Ear Nose and Throat and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Queen City Ear Nose and Throat. I agree to be contacted via email or SMS with information related to my visit such as surveys, appointments or check up reminders, health tips, or new services related to me or my family. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Queen City Ear Nose and Throat Notice of Privacy Practices. I acknowledge that I have the right to a printed copy of our privacy policy and that it is available on the company website. I authorize payment of medical benefits to Queen City Ear Nose and Throat physicians or their designee for services rendered. I give permission to obtain all my medication/prescription history when using an electronic system to process.

Cancellation and No Show Policy: Our practice has a $30 fee if a patient fails to show for a scheduled appointment. Multiple no show or canceled appointments may result in a referral back to a primary care physician and/or dismissal from the practice. Appointment cancellations must be made 2 hours in advance of the scheduled time.

Permission to Treat and Communicate: Please note that patients 18 and older must sign for themselves and list any additional family members they authorize to discuss their information on their behalf.

- ❏ I do not authorize Queen City Ear Nose and Throat to share/discuss my health/financial information with any other individuals.
- ❏ I hereby authorize Queen City Ear Nose and Throat to share/discuss my health/financial information with the individual(s) listed below. If the patient is a minor, I hereby authorize the individual(s) below to accompany my child for medical treatment at Queen City Ear Nose and Throat in my absence.

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Signing below indicates you have read and understand our office policies. When filling out this form electronically, by entering your name in the signature field, you acknowledge that this is the equivalent of your handwritten signature.

Patient name _____

Signature _____ Date _____

Relationship to patient (if patient is a minor) _____