



ASPEN ALLERGY - ENT

Kathryn L. McMullan MC, PLLC



EAGLE ORTHOPEDIC CLINIC

MICHAEL D. LAHEY, M.D., LLC

Orthopedic Surgeon | Board Certified, ABOS

Patient Payment Policy

We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. Prompt payment allows us to help control costs. Payment is expected at the time of service. As a courtesy to you, we will bill your insurance company after you have received services. This is applicable to only primary and secondary insurance plans, no tertiary companies will be billed. You are responsible for your insurance contract and making sure that your visit is covered by your insurance plan. We accept Cash, Check, Visa, and MasterCard. A \$30.00 fee will be charged for returned checks.

Insured Patients:

Co-pays and amounts applied to deductibles are due at the time of service. Our office policy allows for insurance payments within 30 to 60 days. If insurance payment is delayed or if you have a remaining balance you will receive a statement. The patient is ultimately responsible for the bill and payment is expected upon receipt of the statement. Refunds will be issued if insurance payments are delayed or dual payment occurs. If surgery is scheduled, pre-payment of the deductible and coinsurance is required. A payment plan may apply in some cases.

Self-Pay Patients:

Payment is expected at the time of service for patients without insurance or third party liability. A typical first office visit is approximately \$210.00 to \$ 270.00. Additional fees will be charged for x-rays, labs, supplies or services. If surgery or testing is scheduled, pre-payment of the anticipated fee will be required in order to obtain an insurance rate for service. Otherwise, a payment plan is available with money down prior to the procedure or service.

Allergy Testing:

A deposit of \$100.00 will be collected prior to scheduling a 2 hour allergy testing appointment, which will be applied to your coinsurance or deductible amounts. Due to scheduling constraints, you will forfeit this deposit if cancellation policy is not followed.

Cancellation policy:

A 24 hour cancellation notice is required for all appointments. Patients who do not notify of cancellation 24 hours in advance will be subject to a \$50.00 charge. This is not covered by insurance. Patients who are 15 minutes or later for their scheduled appointment may be asked to reschedule or wait for an available work-in slot.

If you have any questions, problems or concerns regarding our payment policy or your insurance plan please feel free to contact us. We are here to be of service to you.

Nicole A. Benson, Practice Manager