

Anthony A. Rieder, MD
 Matthew T. Greulich, MD
 Lori Hubacek, PA-C
 Taylor Honnold, PA-C
 Mallorie Bergstrom, PA-C
 Rebecca Landgraf, AuD
 Timothy Kuckuk, AuD
 Megan Costanzo, AuD



201 N. Mayfair Road – STE 515
 Wauwatosa, WI 53226

17000 W. North Ave – STE 105E
 Brookfield, WI 53005

2500 W. Layton Ave – STE 230
 Milwaukee, WI 53221

FINANCIAL AGREEMENT

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR. WE WILL REQUEST TO PHOTOCOPY YOUR INSURANCE CARD(S) AND A PHOTO I.D. FOR YOUR FILE.

- **PATIENT APPOINTMENTS** – The patient must be present during his/her scheduled appointment; we will not accept representatives of patients to be seen in place of the patient. A minor must be accompanied by his/her legal parent/guardian. Should the minor need to be accompanied by anyone other than his/her legal parent/guardian for future appointments, an Alliance ENT “Non-Parent/Guardian Authorization” form must be completed/signed and entered into the patient’s chart prior to appointment.
- **APPOINTMENTS** – 24 hours’ notice must be provided in the event you cannot keep an appointment. If there is an emergency, please contact our office as soon as possible to cancel/reschedule your appointment. Should you not provide this notice; the appointment will be considered a “no show” appointment. We allow two (2) no show appointments, after which you will may be unable to schedule any future appointments with our office.
- **REFERRALS** – If your insurance plan requires a referral from your primary care physician, it is YOUR responsibility to obtain the referral prior to your appointment and have it with you at the time of your visit.
- **CO-PAYMENTS** – By law we MUST collect your carrier designated co-pay. This payment is expected at the time of service. Please be prepared to pay the co-pay at each visit. Any procedure performed in this office could be deemed surgical by your insurance company and all copays and deductibles will apply.
- **INSURANCE PLANS** – Your insurance contract is between you, your employer and or the insurance company. Not all services are covered by all contracts. It is your responsibility to know your insurance benefits, and although we are in network with most insurance plans, you need to verify that a provider is in network with your plan. We will submit all claims to your insurance company and assist in any way possible to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply. You will be responsible for any balance your plan indicates as due on their explanation of benefits form. We will adjust the charges to coincide with your plan’s UCR (Usual, Customary and Reasonable) charges. If you fail to provide current and correct insurance information at each visit, you may be responsible for payment for all services provided, as we may not be able to bill your insurance.

Private Insurance Authorization for Assignment of Benefits/Information Release: I, the undersigned, authorize payment of medical benefits to Alliance ENT & Hearing Center for any services furnished. I understand that I am financially responsible for any amount not covered by my contract. I also authorize any holder of medical information about me to release to my insurance company (or the agent) information concerning health care, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims of benefits.

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- **SELF-PAY PATIENTS** – Payment is expected at the time of service unless other financial arrangements have been made prior to your visit.
- **MEDICARE** – We will submit claims to Medicare. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance if you have one.

Medicare Lifetime Signature on File: I request that payment of authorized Medicare benefits to be made on my behalf to Alliance ENT & Hearing Center for any services furnished to me. I authorize any holder of medical information about me to release to the CMS (and its agents) any information to determine these benefits payable for related services. This information will be used for the purpose of evaluation and administering claims of benefits.

- **DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS** – The parent who consents to the treatment of a minor child is ultimately responsible for payment of services rendered, Alliance ENT & Hearing will not be involved with separation or divorce disputes.
- **INSUFFICIENT FUND CHECKS** – A \$40.00 fee will be charged to patient's account for checks returned due to non-sufficient funds.
- **PAYMENT** – All patient balances are due within 30 days from the statement date unless special arrangements have been made with our business office. You may pay your out of pocket costs by cash, check, or credit card. If you are not able to pay your full out of pocket costs, you may make payment arrangements through our office by calling (414)727-0910. Payment plans must be pre-approved and noted in our billing system prior to partial payments being accepted. Payment plans will not exceed three (3) months for an amount less than \$250.00 and six (6) months on amounts over \$250.00. Financing is available through Care Credit. In the event of an overpayment, amounts over \$10.00 will be refunded to the issuer of payment.
- **PAST DUE ACCOUNTS** – Our office will mail out monthly statements. If an account receives (2) statements and there is no patient payment activity and no payment arrangements made with our Billing Office, your account may be referred to an outside collection agency. Should it become necessary for us to use an outside agency to collect payment from you, you agree to pay for all collection costs and attorney fees incurred. If an account is referred to a collection agency, all contact needs to be with the collection agency. Our staff will be unable to schedule appointments until the account is paid in full.

THANK YOU for taking the time to review and sign our policies. Please feel free to ask any questions or share with us any concerns.