

**Robert D. Klausner, MD, PA**  
**FINANCIAL RESPONSIBILITY AGREEMENT**

As a courtesy, this office will file in and out-of-network insurance claims for our patients. As an additional courtesy, this office will attempt to call your carrier to verify your benefits with this office and attempt to check network preferred ancillary services that may be required (radiology, lab, etc.). **This verification of benefits is not a guarantee that your insurer will cover the visit, and unfortunately many times with steadily increasing frequency we are given erroneous information regarding benefits, deductible, copay, coinsurance, network participation, and coverage by insurance carriers. For this reason or if you have any questions regarding YOUR coverage we recommend that you contact your carrier YOURSELF to verify your financial responsibility.**

Please also be advised that your visit may include certain procedures that include, but are not limited to biopsies, microscopic and/or endoscopic examination, wax removal that are not included in the standard office visit. These procedures will be billed separately and in addition to office visit charges. We have become aware that many insurance carriers are classifying these procedures as "surgery" and applying the charges to a higher deductible amount. These will also appear on their statements (or "explanation of benefits") as "Surgery." The result may be an insurance payment for an office visit but not a procedure. In such cases, payment for the procedure is the patient's responsibility. Be assured that we are following accepted billing and coding guidelines and that all procedures are performed in the interest of patient care.

Examples of in-office procedures include but are not limited to:

**Flexible laryngoscopy:** This procedure involves passing a long thin flexible fiberoptic scope attached to light source through the nasal cavity into the throat. The fiber-optic scope enables the doctor to visualize areas of the throat not readily seen using tongue blade and mirrors.

**Nasal endoscopy:** This procedure uses either a flexible or rigid scope attached to a light source to view areas of the nasal cavities that cannot be viewed by the physician using the standard nasal speculum and head mirror.

**Nasal endoscopy:** with debridement or biopsy: This is the same procedure as above with removal of disease material such as crusting, scarring or tissue for biopsy.

Further, many plans have a policy of mailing insurance payments directly to patients when the provider is out-of-network, despite the fact that the patient has signed an authorization for payment to go directly to the doctor. **Therefore, if you are being seen OUT OF NETWORK, we require that you sign the agreement below AND pay your bill in full at the time of service unless other arrangements have been made. I also understand and acknowledge that I am personally responsible to pay Dr. Klausner in full at the time of service for services that my health insurer will not cover due to non-payment of my health insurance premiums, including those obtained through the Affordable Care Act "Marketplace".**

I thus acknowledge full financial responsibility for the services rendered by Dr. Robert Klausner and his staff. This includes deductibles, copays, non-covered services, coinsurance, and items considered "not medically necessary" by my insurer. I understand if my insurance has not paid within 90 days, I agree to be responsible for that amount in full. I agree to pay all reasonable attorney fees, collection costs and interest at the rate of 1.5% per month past 90 days in the event of default of payment of my charges. I further acknowledge that there is a minimum \$25.00 fee for returned checks and that a \$50.00 fee will be charged to my account if an appointment is not cancelled at least 24 hours prior to that scheduled time.

Responsible Party(print name)\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_Time\_\_\_\_\_

Staff signature\_\_\_\_\_