



FINANCIAL POLICY

Collections – Open accounts with no acceptable payment activity for 120 days may be automatically placed with our collection agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees, and attorney fees and expenses occurred in collecting amounts owed.

(*Acceptable payment on an account will be determined on an individual basis. Please contact the Manager intended to make payment on your account to avoid any misunderstanding.)

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

In accordance with La R.S.37:1744 and 42 CFR 489.20, please be advised that your physician has an ownership interest in Park Place Surgical Hospital. If you have any questions about receiving care at Park Place Surgical Hospital, or objections to receiving treatment at Park Place Surgical Hospital, please let a nurse or your physician know before any steps taken by our office or Park Place Surgical Hospital in connection with your treatment.

CONSENT TO RELEASE INFORMATION AND ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY

I authorize Acadiana Otolaryngology Head & Neck, L.L.C. to release medical information and supporting documentation contained in my medical records maintained in this office to any entity that may be financially responsible for payment of expenses related to my treatment, including my insurer, health plan, Medicare, Medicare carriers, the Health Care Financing Administration and any external professional review organization acting on their behalf, for the purpose of administering benefits under such plans. If my treatment is work related, I authorize Acadiana Otolaryngology Head & Neck, L.L.C to release medical information regarding such treatment to my employer and/or its designee. I authorize Acadiana Otolaryngology Head & Neck, L.L.C to release medical records to the applicable above-listed entities that may require medical record review pursuant to a quality improvement program. I hereby consent to Acadiana Otolaryngology Head & Neck, L.L.C using any of my protected health information for any treatment, payment, or healthcare operation activity, as described in their Notice of Privacy Practices, a copy of which I acknowledge receiving today.

This authorization specifically includes the release of medical information concerning substance use or abuse, nervous and mental disorders and infectious diseases.

I authorize Acadiana Otolaryngology Head & Neck, L.L.C to release records to any health care provider participating in the care rendered by Acadiana Otolaryngology Head & Neck, L.L.C, including but not limited to referring physician, hospital, ambulance services or home health providers. I also authorize any other physician, laboratory, hospital, or other provider to release to Acadiana Otolaryngology Head & Neck, L.L.C all medical records, reports and X-rays necessary for my care.

I CERTIFY THAT I HAVE READ THE FOREGOING FINANCIAL POLICY AGREEMENT AND CONSENT TO RELEASE INFORMATION AND THAT I UNDERSTAND THE PROVISIONS THEREIN. I ACKNOWLEDGE RECEIPT OF NOTICE OF PRIVACY PRACTICES.

Name of Patient (Please Print)

Date

Signature of Responsible Party/Relationship to Patient

Witness