BENJAMIN LIESS MD FACS
ENT, ALLERGY, AND AUDIOLOGY, LLC

PATIENT FINANCIAL POLICY

Insurance Verification and Co-payments

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due and payable at the time of service.

Self-Pay Accounts

Self-pay accounts shall exist if a patient has no insurance coverage; there is no insurance card on file, or if the patient has not met his/her yearly deductible or coinsurance. Payment is expected at the time of service. Alternatively, for large balances, a payment plan may be worked out with authorized personnel in the Billing Office.

Patient Collection Policy

Thirty (30) days from the date of the first statement a patient's claim balance will be considered past due. If a patient is unable to pay their balance in full within the thirty (30) days the patients need to call the Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC Billing Office at 207-415-4841 to setup a payment plan. A finance charge of 15% will be charged on all guarantor owed balances after 60 days. If a patient's claim balance becomes 180 days past due the balance will automatically be transferred to the Thomas Collection Agency. At that time patients will need to contact the Thomas Collection Agency (207)772-4659 for payment options.

Non-participating Insurance Plans

As a service and courtesy to our patients, non-participating health insurance plans will be billed as a non-assigned claim. Any outstanding balances are the responsibility of the patient.

Appointments

It is the responsibility of the patient to call and cancel scheduled appointments within 24 hours of the appointment. If appointments are not cancelled within 24 hours, Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC shall reserve the right to charge $50 for the no-show.

Accident Cases

Patients shall be financially responsible for medical services related to an accident. Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC will submit claims to the patient's health insurance carrier. All outstanding balances will be the responsibility of the patient.

Workers Compensation Cases

Patients are responsible for notifying Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC that certain treatment is injury related. Furthermore, the patient is responsible for supplying Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC with the appropriate billing information, i.e. insurer, claim #, date of injury, etc.

Patient Refunds

In order for a patient refund to be issued, there must be no outstanding insurance or patient balances. Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC will process a refund request within 4 – 6 weeks.

Returned Check Fees

Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed a $25 fee per check returned.

Child Custody Cases

Unless otherwise notified and accepted by Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC, the custodial parent shall be responsible for all outstanding charges and balances. If the parents share custody (joint custody), unless otherwise agreed by the parties, the parent with the first birthday of the year will have the responsibility for any outstanding charges and balances. Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC will bill the insurance carrier for both custodial and noncustodial parents.

Specialty Referrals

If your insurance requires you to choose a primary care physician (PCP), you may need to have a prior authorization completed by your PCP prior to seeing a Specialist. It is the patient's responsibility to ensure a prior authorization is obtained. All charges incurred without a required prior authorization will be the responsibility of the patient. This financial policy is intended to promote a clear understanding with our patients. If you have any questions or need clarification of any of the above issues, please feel free to contact the Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC Business Office at (207) 415-4841.

ACKNOWLEDGMENT OF RECEIPT OF OFFICE POLICIES

I acknowledge that I received and reviewed a copy of the office policies for the office of Benjamin Liess, MD, FACS, ENT, Allergy and Audiology, LLC

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Signature Date Name Printed Phone Number