



Ear, Nose and Throat Clinic of the Northwest

(360) 256-4425

Financial Agreement

I agree to pay for services rendered according to Ear, Nose and Throat Clinic of the Northwest's rates and terms of the physicians or organizations furnishing the services. I understand that I am responsible for charges not covered by my insurance which may include deductible and coinsurance. If this account is referred to an agency or attorney for collection, I agree to pay attorney's fees as may be allowed by law, whether or not a lawsuit is filed.

All accounts are due and payable at the time services are rendered unless prior arrangements have been made with Ear, Nose and Throat Clinic of the Northwest staff.

When it comes to treatment of a dependent child, I understand I am liable for payment. It will be up to me to obtain reimbursement.

I authorize payment directly to Ear, Nose and Throat Clinic of the Northwest and/or health care provider(s) of all insurance or health plan benefits. If I am applying for payment under Medicare or Medicaid, I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physicians or organizations furnishing the services, or authorize them to submit a claim to Medicare for payment for me.

I understand that Ear, Nose and Throat Clinic of the Northwest cannot accept responsibility for collecting an insurance claim or for negotiating a disputed claim. Insurance reimbursement is a contract between me and my carrier, and all services provided by Ear, Nose and Throat Clinic of the Northwest are billed to my insurance as a courtesy. I am responsible for payment of my account within the usual limits of Ear, Nose and Throat Clinic of the Northwest's Financial Agreement.

I have read this financial policy and understand that, regardless of any insurance coverage I may have, I am financially responsible for payment of medical services rendered.

Patient Signature

Date