



**SUBURBAN**  
Ear, Nose & Throat  
Associates, Ltd.

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- Diseases of the Ear, Nose & Throat
- Adults and Children
- Head and Neck Surgery
- Facial Cosmetic and Reconstructive Surgery

*Emeritus*  
Ralph A. Casciaro, M.D.  
Henry Rabinowitz, M.D.  
Byron I. Eisenstein, M.D.

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## Financial Policy

Thank you for choosing Suburban Ear, Nose & Throat Assoc., Ltd. We believe that good care for you and your family starts with good communication and we have created this policy to help our patients understand their responsibilities for payment of our fees. If at any time you have questions or problems with our fees or payment process, please don't hesitate to talk to our billing department.

Our office will submit claims to all insurance plans that we are contracted with. Your portion of the bill will be **collected at the time of service**. This includes co-pays, co-insurance, and deductibles. We accept cash, check, Visa, MasterCard, Discover, and American Express. The amount of this payment is based on an estimate. You may receive a statement/or refund when we receive a copy of the explanation of benefits from your plan.

Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately and in addition to office visit charges. This may result in the procedure being applied to your deductible and not being included in the co-pay amount. These procedures include; but are not limited to: biopsies, ear wax removal or removal of debris from the ear, examination of the nose and throat with scopes, removal of foreign bodies, nasal cautery, ear tube placement, intratympanic steroid injection, CT scan, and allergy testing.

All insurance plans have specific rules and regulations regarding the use of certain labs and imaging centers. We ask that you be aware of your plan's rules and inform the doctors of them so that we can try as much as possible to keep within the scope of your plan.

Bring your current insurance card to every office visit. It contains valuable information regarding coverage and benefits. If your insurance card has not been issued to you by the time of your visit you will be treated as a self-pay patient and payment in full is expected.

I have read and I agree to the Terms of this Financial Policy.

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Signature of patient or legal guardian

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Date

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*Since 1961 — Celebrating 50+ years of community service providing compassionate, state-of-the-art healthcare*

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