



Hoover
Ear, Nose and Throat
Associates, P.C.
 2116 Data Park
 Hoover, AL 35244
 205-733-9595
 205-733-9599 Fax



Hoover Hearing Clinic
A division of
Hoover ENT Associates, P.C.
2116 Data Park
Hoover, Alabama 35244
205-733-9694 Tel
205-733-9599 Fax

FINANCIAL RESPONSIBILITY

Our first level financial policy is collection of a credit card, debit card or checking account on file. **Patient balances less than \$500 will be automatically charged to the card or account on file after a 3-day email notice.** If your balance is higher than \$500, we will contact you for a payment plan of drafted payments to clear the balance within 90 days. If a credit card is denied or a balance remains unpaid after 90 days, the undersigned agrees to pay all cost of collection including attorney fees and hereby waives all right of exemption under the Constitution of the State of Alabama.

Credit Card / Checking Account Storage

Hoover ENT Associates now stores credit/debit cards / checking accounts to better serve our patients. Your credit/debit card or checking account information is encrypted, stored in a specially secured facility and is only accessible by the credit card processors. No one from our office, IT support, or software vendors can access your information.

Patient Name: _____ DOB: _____ Date: _____

Guarantor of account (if not patient): _____

Email address: _____

(Please print clearly. For notification and receipt, we must have a valid email address.)

I authorize Hoover ENT Associates to maintain patient's or guardian's credit/debit card or checking account information in a secure, payment card industry compliant manner, and hereby authorize Hoover ENT Associates to charge this credit/debit card / checking account for any copayment, deductible, co-insurance, non-covered, or other outstanding balances. I agree to pay all fees and penalties due to denied or contested charges, including chargeback fees.

Signature of Patient / Guardian: _____ Date: _____

- The amount you will be charged is strictly limited to the contractually obligated amount your insurance requires you to pay, such as copayments, deductibles, co-insurance and non-covered services.
- For participating insurance policies, we will file your insurance claim for you. After your insurance company processes the claim, we will provide 3 days of advance notice by email of the balance being charged to your credit/debit card / checking account on file. In the event a claim is not paid by your insurance company, within 90 days the balance will be calculated based on your insurance company's fee schedule and processed accordingly.
- Your stored credit/debit card / checking account will be charged the full balance unless you contact our office with the need to discuss an extended payment plan option. For balances over \$500, we will contact you for monthly drafts to clear the balance in 90 days. If efforts to reach you are not successful, the entire balance will be submitted after 30 days.