Who this notice applies to

This notice describes this organization's practices and those of:

- any healthcare professional authorized to enter information into your record
- any member of the medical staff credentialed to practice here
- all departments and units of this facility
- all employees, staff, and other personnel
- any volunteer, intern, or student we allow to help you while you are a patient.

This Notice of Privacy Practices provides detailed information about how we may use and disclose your medical information with or without authorization as well as more information about your specific rights with respect to your medical information.

Disclosures of your medical information that we may make without your authorization:

Treatment: Your information may be shared with any provider who is providing you with healthcare services. This includes coordinating your care with other providers and providing referrals to other providers. We may also use your information to contact you for appointments and to provide information about health-related products and services that we believe may be helpful to you.

Payment: In order to get your healthcare services paid for, we may have to provide your medical information to the party responsible for paying. This may include Medicare, Medicaid (state health plan), or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity of the healthcare services, or providing approval for hospital stays.

Healthcare Operations: Your medical information may be used by us in order to support the business activities of the facility and to ensure that quality healthcare services are being provided. Some of the activities which would be part of our operations would be quality assessment activity, employee review, training of medical personnel, licensure and accreditation, data aggregation and audits by regulatory agencies.



3841 PIPER ST, SUITE T-230 ANCHORAGE, AK 99508 PHONE 907. 279.8800 WWW.ACENTALASKA.COM



Financial & Privacy Policy

Thank you for choosing ACENT as your health care provider. Our entire team is committed to providing you with the best possible medical care. Our practice believes that a good provider-patient relationship is based on understanding and good communication. The following is a written statement of our Financial and Privacy Policy, which we prefer you read before any treatment received at ACENT.

Insurance Claims Policy

As a courtesy to you, we will submit the entire bill to your insurance company. We ask that you pay the estimated deductible and/or your co-payment at the time of service. You are responsible for any portion of your bill that your insurance company denies or does not cover. Your insurance is a contract between you (or your employer) and your insurance company; however we are available to assist you in maximizing your insurance benefits. Please be aware that few insurance companies use a fee schedule derived from providers outside our region which may not be applicable for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Insurance coverage is not a guarantee of payment. We will bill insurance as a courtesy to you. You must present insurance cards at the time of your appointment in order for us to bill your insurance for you.

Sometimes insurance companies delay payment. For this reason it is important for you to know that after 30 days from the date we bill your insurance company, the balance will become a "patient balance." This means that any amount due for that date of service will appear on your statement as a balance that is owed by you. Should this occur, we encourage patients to contact their insurance company directly to assist in maximizing the timely payment of benefits that are rightfully due.

Patient Payment

We accept cash, personal (local) checks, Visa, MasterCard, and Discover. We do not accept American Express. Our office works diligently to protect your health and financial information therefore we will not maintain your credit card on file. We ask that for all services not covered by insurance that you pay in full prior to services being rendered. Returned checks will be assessed a \$30.00 processing fee.

What happens if I fall behind?

If we have not received payment from your insurance company within 45 days of the date of service, you need to contact our Financial Services Department to discuss your account in detail.

All balances that remain delinquent, with no response to our requests for payment, may be referred to a third party collection company. Once an account is referred to the collection agency, the patient or responsible party will have to settle the debt directly with the agency. Interest and penalty are often assessed by these companies to the debtor.

Medicare

Our office is committed to offering services to patients over 65 or patients who are severely disabled. If you are a patient covered by Medicare, please bring an original copy of your Medicare card as well as a referral from your Primary Care Provider indicating the services that require evaluation by an ENT Provider.

Medicaid

As a Medicaid provider our office is required to collect a \$3.00 co-payment at each visit. We are also required to collect a current month's coupon or original certificate of coverage. We require your payment and coupon prior to your being brought to the exam room. We prefer this to occur in a private and respectful manner so we ask that you are prepared as you check in at the front desk.

Denali Kid Care

Although Denali Kid Care is administered as a part of the Medicaid program, a \$3.00 co-payment is not required. Current verification of coverage is required consistently with the State of Alaska Medicaid requirements.

If you have any questions concerning our Financial Policy, or if you have some type of hardship requiring additional assistance, please contact our Financial Services Department.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

ACENT is committed to protecting the confidentiality of your health information. We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information, and abide by the practices of this notice, unless more stringent laws or regulations apply.