

Dear Patient,

Thank you for choosing Elite ENT. This letter and any accompanying paperwork is your Patient Information Packet. Please complete the enclosed forms to the best of your ability and knowledge. These forms should be completed in ink only.

On the day of your appointment please bring:

- Completed paperwork
- Your insurance cards and picture I.D. You will not be seen without acceptable identification.
- Any office notes, CT scans, X-rays or labs that may be related to your visit.
- Your copay, if applicable. (We accept all major credit cards, checks or cash.)

As the patient, it is your responsibility to know if your insurance requires a referral, to obtain that referral and to check with your insurance company to make sure we are in your network.

We will bill your insurance carrier for all covered services if you are covered by a plan we contract with as a participating provider. You are required to pay all copays at the time of service. For amounts due after insurance has processed your claim (such as unmet deductibles or services not covered), you will receive 3 consecutive statements at 30-day intervals. If no payment is received, your account will be forwarded to collections. *

As always, we do everything we can to better serve your needs in the most efficient and professional manner possible. If you have any questions or concerns, please do not hesitate to call us: 602-802-8240

Patient or Guardian Signature

Today's Date

*You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone numbers associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using the email address you provide to us. Methods of contact may include pre-recorder/artificial voice messages and/or use of an automatic dialing device, as applicable.

*** Returned check fee is \$40.

*** No show appointments may be charged a \$40 fee.

*** Surgery cancellation fee \$250 if within 48 hours of scheduled surgery

Elite ENT

2340 E. Beardsley Road, Suite 260 | Phoenix, AZ 85024 | P: 602-802-8240 | F: 602-802-8245