



# ENT & PLASTIC SURGERY Specialists of Louisiana

Patient: \_\_\_\_\_  
*please print name*

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I received, read and understand *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my PHI. I understand that this organization has the right to change its *Notice of Privacy Practices* at any time and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Patient or Legal Guardian*

## ASSIGNMENT OF BENEFIT AGREEMENT

I hereby authorize my insurance company, including Medicare if I am a Medicare Beneficiary, to make payments to Associated Surgical Specialists for medical or surgical services or items rendered to me or my dependent by Associated Surgical Specialists. Should my insurance carrier deny Associated Surgical Specialists, I understand that I am financially responsible for the charges. I authorize Associated Surgical Specialists to release any and all of my records to my insurer, or any other third party payer, legally responsible for the payment of medical expenses. I certify that the information provided or to be provided by me is correct and complete to the best of my knowledge. It is my responsibility to update any and all personal, insurance and health information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Patient or Legal Guardian*

## NOTICE OF IN-OFFICE PROCEDURE BILLING & FINANCIAL RESPONSIBILITY POLICY

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 the office visit charge. We are aware that some insurance carriers are classifying these procedures as “Surgery” and apply the charges to a higher co-pay or deductible amount. The result may be insurance payment for an office visit but not the procedure. In such cases, payment for the procedure will be due from the patient. Be assured we are following accepted billing and coding guidelines and that all procedures are performed in the best interest of patient care.

Examples of in-office procedures include:

- Flexible Laryngoscopy: This procedure involves passing a long thin flexible fiber-optic scope through the nasal cavity and into the throat. The fiber-optic scope enables the physician to visualize areas of the throat not seen using the laryngeal mirrors.
- Nasal endoscopy: This procedure uses the flexible or rigid scope attached to a light source to view areas of the nasal cavities that cannot be viewed by the physician using the standard nasal speculum and head mirror.
- Nasal endoscopy with debridement or biopsy: This is the same procedure as above with removal of crusting or tissue.

Please speak with our nurse or clinical assistant if you have any questions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Patient or Legal Guardian*