



ENT ASSOCIATES OF ALABAMA, P.A
1773 Platt Place Montgomery Alabama 36117
(334) 272.8644 or (334) 284.5470
Fax: (334) 215.4394 or (334) 284.9714

Welcome to ENT Associates of Alabama, P.A. Please take a moment to review our financial policy. Our office personnel will be happy to answer any questions that you may have.

PAYMENT POLICITES

Please note that any charges not covered by your insurance company are your responsibility. If your insurance carrier is a plan in which we do not participate, you will be expected to pay in full at time of services are rendered. We will file all insurance claims for you in which we participate in.

TERMS

- You will be expected to pay your co-pay at the time services are rendered.
- If you have no insurance, you will be expected to pay for your visit in full.

FINANCIAL RESPONSIBILITIES

We will bill your insurance company and use our best efforts to obtain payment. However, any charges that remain unpaid will become your responsibility to pay. We will send you a billing statement for any charges that your insurance company declines or considers your responsibility.

NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page. (Notice Available upon request).

Name of Patient: _____ Date: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF PRIVATE HEALTH INFORMATION

I hereby authorize to use or disclosure of individually identifiable health information relating to me as described below: (Please list any family members or doctors that you want this information disclosed to)

Signature of Patient or Responsible Party: _____

Please list your Pharmacy Name and Location:

Pharmacy Name: _____ Location: _____

If you would like to share your email address with us, please list below:

Patient's Email Address: _____