

Patient's Name: \_\_\_\_\_

Acct #: \_\_\_\_\_

We would like to thank you for choosing Middle Tennessee Ear, Nose & Throat for your ENT care. According to the information provided our office, *you do not currently have health insurance but will be seen on a self-pay basis.*

Our billing department will strive to give you an **estimate** of your charges prior to your visit. However, until you are actually examined by the physician and/or audiologist, we will not know the **exact amount**. **(If you see the doctor and audiologist, there will be charges from both providers.** Please ask our staff if you have questions about services being provided.)

We do offer two options for payment arrangements. Our self-pay policy is as follows:

### **QUICK-PAY METHOD (QPM):**

\*A significant discount for services will be offered if the account is PAID IN FULL on the day that services are rendered. **QUICK-PAY will not apply to any balance not paid in full on the date of service or if insurance is billed.**

### **PAYMENT PLAN METHOD (PPM):**

\*No discount will be given for the Payment Plan Method. You are expected to pay **at least ½** of your medical charges at every visit.

\*If you choose the Payment Plan Method, ½ of your charges will be collected on the date of service, the remaining ½ of charges will be set up on a payment plan over a **THREE-month** time span.

**Agreed upon payments are expected every month to show a good faith effort on your account.** If the agreed upon payment amount is not received every month and there is no communication, we will have no other option but to refer your account to a collection's agency without further notification. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.** We realize that emergencies do arise and may affect timely payment of your account. If such cases occur, please contact us promptly for assistance in the management of your account.

\*If it becomes necessary to collect any sum due through an attorney, then the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

To assist you, we accept payment by check, cash, debit card, Visa, Master Card and Discover. Please contact our office with any questions you may have regarding your account or payment arrangement. Our billing department can be reached between 9:00 AM and 4:00 PM Monday through Friday @ 615-848-9265.

I acknowledge that I have no health insurance at this time. I have read, understand and agree to MTENT's Self-Pay policy.

**\*I appreciate the opportunity to receive a discount and have elected the QPM and agree to pay total charged amount – QPM discount. Total to be paid \$\_\_\_\_\_.**

**\*I cannot do the QPM method today, but will elected the PPM and agree to according to the above instruction. Total to be paid \$\_\_\_\_\_.**

\_\_\_\_\_  
Patient's/Responsible Party Signature

\_\_\_\_\_  
Date