

General Information for the Patient

Patient Name: _____ Date of Birth: _____

Please read the information below about copays and preexisting clauses your insurance policy might have that could cause you additional fees. Complete the next section to let us know if there is anyone you would authorize us to speak to about your care or financial concerns. For the last section, please provide the name of the pharmacy you would prefer we use and authorize us to access your medical history if needed.

COPAY MAY NOT COVER SERVICES PROVIDED DURING YOUR VISIT:

Insurance companies will often consider the doctor's visit with the patient as the only portion covered under the copay. All other procedures performed in the office, including allergy testing and injections, laryngoscopy, ear cerumen removal or other office surgeries or procedures, X-rays, etc., can be excluded and charged to your deductible for the year or not covered at all.

When you visit our office and see both an ear, nose and throat (ENT) provider and an audiologist on the same day for diagnostic testing, you are seeing two different types of specialists who work together as a team. The ENT provider performs a medical evaluation and exam, while the audiologist performs diagnostic hearing or balance testing. Because they are two separate, distinct health care providers rendering two different professional services, we are required by our contracts and correct billing practices to submit a charge for the ENT's services and a separate charge for the audiologist's services. Your insurance company then applies the appropriate cost-share, such as a copay, deductible and/or coinsurance, to each of these professional and diagnostic services. This may result in two separate copays being applied to your visit, which is standard procedure when two specialists are involved in your care on the same day.

Your signature on this form indicates you agree to be responsible for all copays and any charges not covered under the scope of the office visit for procedures rendered today, should the insurance not pay.

PREEXISTING/WAITING PERIOD CLAUSES MAY CAUSE DENIAL:

Many insurance plans now have preexisting or waiting period clauses. A preexisting clause means that if you have been treated for a similar diagnosis during a set period, your insurance will not cover it. In some cases, this can be waived with a prior coverage letter from a previous insurer. A waiting period clause means no coverage for a specified service type for a specified time. In both cases, the insurance company does not provide details about whether they will pay for services in our office.

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www.setent.net

ACKNOWLEDGMENT OF PATIENT FINANCIAL RESPONSIBILITY

I have been informed that Southeast Texas Ear, Nose & Throat, LLP does not guarantee payment from the insurance company for today's services. By signing below, I accept financial responsibility for today's services and any future services that are not covered. I understand that I can contact my insurance company for further clarification on plan details before accepting care.

PEOPLE AUTHORIZED TO DISCUSS MEDICAL/FINANCIAL INFORMATION ABOUT THE PATIENT:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

PHARMACY YOU WOULD LIKE TO USE FOR PRESCRIPTION NEEDS:

By completing this section, you are authorizing us to obtain your past prescription history, if available.

Name: _____ Phone Number: _____

Location: _____

Please sign below to indicate that you have read and understand the information provided and that the form has been completed to the best of your knowledge.

Signature: _____ Date: _____

(ONLY A PATIENT AGE 18+, PARENT OR LEGAL GUARDIAN MAY SIGN)