

Payment Policy

Payment is to be made at the time that services are received, unless other arrangements have been made with our office. We do accept VISA and Mastercard. All medical services provided are charged directly to the patient or responsible party. Your insurance coverage is a contract between you and your insurance company to help you meet medical expenses; the patient or responsible party is fully liable for payment of any medical treatment received which is not reimbursed by your medical insuror.

Consent to Treat

I give doctors Jaskunas, Pashley and Werle permission to evaluate and treat the listed patient.

Assignment of Benefits

I, the undersigned, hereby authorize my insurance carrier to assign all surgical and/or medical benefits, including Medicare/Medicaid benefits if applicable, directly to Dr. James Jaskunas, Dr. Nigel Pashley, or Dr. Andreas Werle. I also authorize the release of any medical information necessary to process all medical insurance claims.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE INFORMATION. I GIVE MY CONSENT TO TREAT AND AGREE TO ABIDE BY CHILDREN'S EAR, HEAD AND NECK ASSOCIATES PAYMENT POLICY AND ASSIGNMENT OF BENEFITS POLICY.

Signature of Responsible Party

Date Read and Signed

With this consent, CEHNA may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out Treatment, Payment or Health Care Operations (TPO), such as appointment reminders, insurance items and any calls pertaining to clinical care, including radiology/lab results, among others.

With this consent, CEHNA may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder letters and patient statements. I have the right to request that CEHNA restrict how it uses or discloses my Protected Health Information (PHI) to carry out TPO. I agree to notify the office of any such restrictions, in writing.

Signature of Responsible Party

Date Read and Signed