James P. Thomas, M.D. Voicedoctor.net

Physician & Surgeon – Practice Limited to Laryngology

909 NW 18th Ave, Portland, OR 97209-2324 • thomas@voicedoctor.net phone 503/478-1845 • fax 503/478-1846 • toll free 866/766-1994 • cell 503/341-2555

Specializing In:

Disorders of:

hoarseness breathing swallowing singers actors speakers

Procedures of:

diagnostic stroboscopy digital laryngeal imaging laryngeal injections laser treatments vocal cord augmentation microlaryngoscopy nerve grafting vocal pitch surgery laser tumor resection

Financial Policy

Welcome to our office. In an effort to lower medical and surgical costs, while maintaining a high level of professional care, we have adopted this financial policy. Our fees are based on the complexity of care and are in keeping with the standards set forth by the American Medical Association.

INSURANCE BILLING

A valid, current insurance card is *required* at the time of service so that we may adequately assist you in billing your insurance. We will gladly bill both your primary and secondary insurances for you and will then expect payment directly from them to this office. Please remember that any remaining balance, after the insurance makes payment and we adjust off the appropriate contracted write off, will be your responsibility. Your policy is a contract between you/your employer and the insurance company. In the event insurance does not cover the visit, or only a portion of the fee for the visit, the remainder will be billed to you. (We cannot bill more than two health insurances.)

MEDICARE BILLING

We do accept Medicare assignment. Medicare pays 80% of their allowable for each charge, after you have met your deductible. Your responsibility is the remaining 20%.

ON THE JOB INJURY or AUTOMOBILE ACCIDENT

Complete billing and claim information is required prior to the first visit to enable verification. If this is not provided, payment will be expected in full at the time of service, or regular health insurance may be billed. We will not wait for litigation to be settled to receive payment for our services. If the incident is not an accepted claim, we can bill your health insurance, or ask for payment in full from the patient. We do charge for the filling out of these forms.

REFERRALS and AUTHORIZATIONS

If referrals are required by your insurance from your primary care physician to see the specialist, or an authorization is required prior to a procedure, we ask you to participate in obtaining that referral or authorization. If you are seen without the necessary referral or authorization you will be liable for the charges, if the charges are rejected by the insurance company.

COPAYS

Insurance co-pays are required to be paid at the time of the visit.

For cash paying patients we expect payment in full at the time of the visit.

I have read the above and understand the financial policy of this office. I agree to and accept this policy. Thank you.

Signature: