

# Practice Name

*Doctor Name, M.D.*

Address, City, State Zip

*Phone • Fax*

**Patient Name:**

**Account #:**

**Appointment Date:**

**Time:**

**Mon.**  **Tues.**  **Wed.**  **Thurs.**  **Fri.**

Dear Future Patient:

We appreciate your interest in our hearing and balance program, and we would like to welcome you to our specialty practice. Many patients come to us from significant distances at the referral of other physicians and patients. Our patients often have complex problems that need intensive time and effort to evaluate and treat comprehensively, without Managed Care short-cuts. Our philosophy is to either “do it right” or not do it at all.

In a medical world gone awry ... where every conceivable party, from the federal government to insurance company clerks, have invaded the physician-patient relationship, something very important has gotten lost in the rush of today’s health care shuffle. That something is TRUST. Some patients today have good reason to wonder ... whether their physician has taken the time necessary to thoroughly evaluate their problem and educate them adequately about it, including a review of all available treatment options.

We realize that there is something fundamentally wrong with our nation’s medical care system when many physicians feel trapped in the grasp of “corporatized” (HMO and Managed Care) medicine, but powerless to “change the system”. We have chosen another path. Understanding that we cannot “change the system”, we realize we can only change how we practice medicine. We have broken away from all managed care plans, see fewer patients and spend more time with each patient. Rather than handing over what little control we have left over the patient care environment to others, we have taken back complete control and designed treatment protocols with nothing but the patient’s interest in mind. It is our practice to recommend only what is best for you, not what is best for your insurance company.

We offer our patients service that you simply will not find in other medical practices. Since there is still no adequate substitute for genuine “face-to-face” time between patient and physician for discussion of important issues, we reserve a full hour for your initial consultation session and 30 minutes for your follow-up visits. You will not be rushed, and all of your questions will be answered.

Your first visit will include a thorough ear, nose and throat examination, as well as a complete history. If any tests are ordered, these will be done at a later date and our scheduling secretary will make this appointment for you. Our facility is equipped with an extensive array of state-of-the-art diagnostic equipment, which enables us to evaluate and treat on-site all levels of inner ear disorders. After your testing, you will have a follow-up appointment in one week to discuss your test results and treatment plan with the doctor.

OUR MISSION, simply stated, is to maintain a medical practice environment in which we can treat you the way we ourselves would like to be treated if we were in your place. While most so-called “experts” say that this is simply not possible anymore, we do it every day! To these “experts” we say that the importance of a patient’s trust in their physician should never be underestimated.

***We invite you to experience the best that private medicine has to offer.***

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## Financial Policy

As a result of our sincere desire to base all medical decisions on what is best for the patient, not what is best for the insurance company, we are no longer contracted with any insurance carriers.

1. All charges must be paid at the time of service and our treatment fees are the same for all patients, regardless of insurance coverage or not, as is required by law.
2. The contract with your insurance company to pay for a portion of your medical care is between you and your insurance company. By eliminating costs associated with billing, coding diagnoses and procedures, referrals, authorizations, payment delays, EOB reviews, claim denials, re-submissions, collection risks, and other managed care costs, we can provide patients a fair price for services without the administrative hassles and bureaucracy.
3. For your benefit, we will always provide you with a list of our fees and billing codes before any services are performed. We recommend you contact your insurance carrier to verify your benefits so you will have a basic understanding of how your insurance will reimburse you for services provided by our office. Unfortunately, insurance carriers are not always willing to provide their allowable fees or disclose which billing codes they will cover. If this is the case, you may want to contact the LA Department of Insurance. [www.ldi.state.la.us](http://www.ldi.state.la.us)
4. It is your responsibility to obtain all referrals/authorizations required by your insurance plan and to file your claim with your referral/authorization.
5. You will be given a completed claim form (and a duplicate copy for your records) with all the codes necessary for you to file a claim with your insurance carrier. We recommend you contact your insurance carrier and request instructions for filing your claims. Note: Louisiana State Law requires insurance carriers to process your health insurance claim within 30 days of receipt of a "clean" claim. (Regulation 74 - Title 37. Insurance Part XIII - 6007.B)
6. Due to rising administrative costs and the numerous requests we receive, our office does not fill out "forms" from insurance companies. A copy of the patient's medical records will be forwarded to the insurance company when a signed authorization to release medical records is received. Their medical review professionals can extract the information required from these records.
7. Please Note: We do not charge interest, therefore, we are unable to offer in-house financing or payment plans. If you are unable to pay for your services in full with cash, check or money order, you may put the balance on your credit card and make monthly payments to your credit card company.
8. Our clinic is state-of-the-art and our entire staff is exceptional. Our service is superb. Nothing about our practice is "usual" or "customary" - terms employed to justify the comparison of our fees, designed to provide for complex medical diagnosis and treatment with superior equipment, to those allowed by outdated insurance fee schedules.
9. Medicare:  
Dr. Soileau and Dr. Gianoli have chosen to "Opt Out" of Medicare. All patients who are on Medicare, or are eligible for Medicare, must sign the federally mandated "Private Contract" in order to receive services at our clinic. All services must be paid at the time of service and neither Dr. Soileau, Dr. Gianoli, nor the patient may file a claim to Medicare for reimbursement.

11. Medicaid:  
We are not accepting any Medicaid patients. We will only accept "Private Pay" patients. We will not file any claims to Medicaid for reimbursement of your medical services now or at any time in the future.

12. Champus/Tricare: We are not an active Champus/Tricare/Tricare for Life provider. We will NOT accept Champus/Tricare/Tricare for Life insurance, we will NOT file any claims to Champus/Tricare/Tricare for Life and we will NOT accept the Champus/Tricare/Tricare for Life fee schedule for reimbursement of our services.

13. All Patients (please answer all three questions below):

- Yes  No      My current symptoms are related to an accident/injury.
- Yes  No      I am currently being represented by an attorney and/or I am currently under worker compensation care.
- Yes  No      I may seek an attorney/workers compensation benefits in regards to this accident/injury.

ALL charges for attorney cases, workers compensation cases, accident and/or injury cases must be paid in full, in advance, no exceptions. We will not file any claims for insurance benefits/reimbursement and we will not provide any discounts/write-offs for insurance or workers compensation plans. By signing this document, you are agreeing to pay for our services in full and forego any insurance benefits/discounts.

I have read, understand and agree to the terms and conditions listed above.

\_\_\_\_\_  
Signature of Patient or Parent if Patient is a Minor

\_\_\_\_\_  
Date

**Name:**

**Account:**