

Joplin Ear Nose & Throat

1920 E 32nd Street, Joplin MO 64804
417-781-4613 phone 417-781-0805 fax

Surgery scheduling policy

Approximately 2-3 weeks prior to the surgery date, we will verify your insurance benefits and initiate an authorization if one is required for the procedure. We will call you with the specific pre-payment deposit, which is required to be paid to our office at least 7 days prior to the surgery date. This deposit is our best estimate of what you will owe for your procedure, based on your insurance policy's applicable deductible, co-insurance and copay at the time we make our benefit verification with your insurance company. This amount is not a guarantee of the full cost of your procedure. After the insurance company processes the surgery claim – if there is any additional amount owed, you will receive a statement for that amount. If a credit is created based on your pre-payment deposit, a refund will be issued.

Please carefully consider the surgery date before scheduling with our office.

Scheduling of a surgery requires coordination with several providers – surgeon, facility, anesthesiologist and possibly pathologist, as well as insurance benefit verification and authorization approving the surgery.

Re-scheduling procedures causes significant time and expense for the providers, particularly if the operating room goes unused because of a late cancellation or no show.

Surgery re-scheduling requests

Requests for surgery re-scheduling must be made no later than 7 days prior to the initial surgery date. Unless a surgery is re-scheduled due to an avoidable emergency, you may be required to place a deposit to hold that surgery date and time as follows:

First re-schedule request will require a \$25 deposit, second re-schedule request will require a \$50 deposit....surgeries will not be re-scheduled a third time. Once the surgery is performed and the claim processed by your insurance company, the re-scheduling deposit will be applied to your account.

I verify that I have read and understand the surgery scheduling policy of Joplin Ear Nose & Throat.

Patient name

Date of birth

Signature

Date