



Don J Beasley, MD
208-229-2368

FINANCIAL POLICY

INSURANCE:

We cannot guarantee your benefits or eligibility with your insurance plan. Your insurance plan is a contract between you and your insurance company.

Upon completion of our patient registration form and your assignment of benefits, we will extend the benefit offered by your insurance company and file for reimbursement. We will handle the necessary insurance filing paperwork for you. All payments are expected at the time of visit(s) for services not covered by your insurance plan.

If your insurance company only covers a portion of the bill or denies the claim, an explanation should be made to you, the policy holder. Reduction or rejection of your claim by your insurance company does not relieve you of the financial obligation. We will notify you if this occurs, and we will request payment in full.

I have read the above, and I understand and agree to the Boise ENT Financial policy. I authorize the release of any medical information necessary to process insurance claims and to comply with medical reviews and audits. I further authorize payment of my benefits to be made to Dr. Beasley for services provided to me. I understand that the ultimate responsibility for payment of services remains mine.

Print name of patient or responsible party: _____ Date: _____

Signature of patient or responsible party: _____