



## Disclosures

### Regarding insurance contracts

To accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs. While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of these plans. Each one has a different stipulation regarding how often services may be rendered and more importantly, where those services may be performed. Even within the same insurance company the plans differ depending upon what type of contract your employer has negotiated.

Providing quality medical care for our patients is our primary concern. We will provide that care within your insurance guidelines if you inform us EACH time of service exactly what those guidelines are. If you fail to inform us of special requirements in your contract, services such as lab work or hospitalizations may not be covered. In such instances, ENT Care for Kids and/or the selected medical/laboratory/surgical facility will BILL YOU DIRECTLY FOR THOSE CHARGES and they will be your financial responsibility.

### Regarding anesthesia for surgery

An independent anesthesiologist with no financial relationship to ENT Care for Kids will provide anesthesia services for your child's surgery. We make every attempt to work with anesthesiologists who participate in managed care insurance programs. When "in network" providers are not available, you may be required to pay for anesthesia services at "out of network" rates. In most instances, it is neither possible nor feasible to accommodate special requests for anesthesia services. ENT Care for Kids bears no financial responsibility for inability to arrange for "in network" providers for anesthesia care.

I have read and understand the office policy stated above and agree to accept responsibility as described above.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

### Disclosure statement

If your child needs surgery, you may be referred to a surgery center where the referring physician has an ownership interest. You are free to choose another facility for these services.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date