Hoover
Ear, Nose and Throat
Associates, P.C.
2116 Data Park
Hoover, AL 35244
205-733-9595
205-733-9599 Fax

Hoover Hearing Clinic
A division of
Hoover ENT Associates, P.C.
2116 Data Park
Hoover, Alabama 35244
205-733-9694 Tel
205-733-9599 Fax

FINANCIAL RESPONSBILITY

Our first level financial policy is collection of a credit card, debit card or checking account on file. **Patient balances less than $500 will be automatically charged to the card or account on file after a 5-day email notice.** If your balance is higher than $500, we will contact you for a payment plan for drafted payments. If a credit card is denied or a balance remains unpaid, the undersigned understands that their account will be turned over to a collection agency.

Credit Card / Checking Account Storage

Hoover ENT Associates now stores credit/debit cards / checking accounts to better serve our patients. Your credit/debit card or checking account information is encrypted, stored in a specially secured facility and is only accessible by the credit card processors. No one from our office, IT support, or software vendors can access your information.

Patient Name:_____ DOB:_____ Date:_____

Guarantor of account (if not patient):_____

Email address:_____
(Please print clearly. For notification and receipt, we must have a valid email address.)

I authorize Hoover ENT Associates to maintain patient's or guardian's credit/debit card or checking account information in a secure, payment card industry compliant manner, and hereby authorize Hoover ENT Associates to charge this credit/debit card / checking account for any copayment, deductible, co-insurance, non-covered, or other outstanding balances. I agree to pay all fees and penalties due to denied or contested charges, including chargeback fees.

Signature of Patient / Guardian:_____ Date:_____

- The amount you will be charged is strictly limited to the contractually obligated amount your insurance requires you to pay, such as copayments, deductibles, co-insurance and non-covered services.
- For participating insurance policies, we will file your insurance claim for you. After your insurance company processes the claim, we will provide 5 days of advance notice by email of the balance being charged to your credit/debit card / checking account on file. In the event a claim is not paid by your insurance company, within 90 days the balance will be calculated based on your insurance company's fee schedule and processed accordingly.