

Mt. Hood ENT & Allergy

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Questions to Frequently Asked Questions About Your Health Insurance Coverage

Q: How much will my office visit cost?

A: The cost of your visit with your otolaryngologist will vary depending on the type of visit and scope of treatment involved. You can expect to be charged for an office visit which entails a history of the nature of your concern, an exam and a discussion of your treatment options.

Q: If my physician performs a procedure is this included in the office visit charge?

A: No. In order to more fully address your concerns your physician may recommend a procedure such as a biopsy, hearing test, ear cleaning, endoscopy (looking with a scope), allergy testing, allergy shots or surgery. Office visit fees are billed separately from procedure fees so if there is a procedure performed during your office visit there will be a separate fee.

Q: How are the office visit fees and procedure fees determined?

A: The fees are determined through a contract with your insurance company. Each office visit and procedure is assigned a code (called a CPT code) developed by the American Medical Association. These codes are used by ALL insurance plans, including Medicare, to process your medical claim. The physician will record the level of office visit performed and CPT codes for any procedures that were performed. We do not determine what will be paid for each office visit or procedure code, this has been pre-determined by your insurance company.

Q: How do I know how much I will owe for each visit?

A: We understand that insurance coverage can be confusing at times. Fees that are charged by our office may apply to your deductible or co-insurance (i.e. out of pocket expenses). If your physician recommends a procedure during your visit you may choose to have this performed at the same time or, if you are concerned about the fees associated with this, you may request the procedure code (CPT code) and you may contact your insurance company regarding your out-of-pocket expenses before proceeding.

Q: Can I get a discount on what I owe for my office visit in or procedure.

A: No. In an effort to keep the cost of medical care down the fees that we have agreed upon with your insurance company have already been discounted. We cannot, by contract, discount them further.

Q: Why didn't my insurance company cover my visit?

A: All insurance companies have the same disclaimer: "Coverage is not a guarantee of payment". The term 'covered' is different than that of 'payment'. 'Covered' when referring to medical services means that your insurance is going to allow the service(s) received and will process your claim according to your specific plan benefits. Reasons for non-payment could be any of the following, just to name a few: non-covered service, deductible, co-insurance or cost share, co-pay, plan exclusions, etc. As an example, often times the office visit will be allowed and paid by the insurance plan but the procedure performed that same day is applied to the deductible. Given the number of insurance companies and the numerous networks and benefit packages it is not possible for us to know exactly what your benefits are. Questions regarding your specific benefits are better directed to your health insurance plan.

Q: What if I am unable to pay in full at this time?

A: We accept all major credit cards. If you have concerns about the fees you owe we recommend you contact your insurance company and you may also call our billing specialist and we will do everything possible to give you the assistance you need. We are committed to working with you so that you can receive the high quality health care you deserve.

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