



Jorge Contreras, M.D. Gary Nanez, M.D.  
5959 Gateway West, Suite 160 El Paso, TX 79925  
(915)779-5866 • Fax: (915)283-4128

## **OFFICE POLICIES**

### **Insurances:**

- Please make sure you are familiar with your insurance plan requirements before seeing your doctor.
- Please make certain you know whether your insurance requires that you obtain a referral and an authorization from your primary physician prior to seeing your specialist.
- Please know your individual plan requirements for payment to CGN EL PASO EAR, NOSE & THROAT, PLLC, including co- payment and deductibles.

**Please understand that services not paid by your plan due to failure to comply as a patient, will be your responsibility to pay according to your insurance policy.**

\_\_\_\_ **\*\*Co-payments, deductibles, co-insurance are to be collected before services are rendered. We accept cash, checks, money order, Visa, MasterCard, Discover, and American Express & (Care Credit for amount greater than \$100). All medical services provided are directly charged to the patient or responsible party. If our physician is contracted with your insurance carrier, we will accept their negotiated rate for the charges billed. However, you will be responsible for any balance deemed patient responsibility /non-payable/noncovered by your insurance. Payment is expected in full upon receipt of any statement received or payment arrangements must be made with our billing office. **We will need to reschedule your appointment if past due balances are not paid in full prior to your follow up/next appointment and no payment arrangements have been made with our billing office.** \*\***

\_\_\_\_ **Referral Policy:** I understand that it is my responsibility to obtain a referral through my primary care physician's office if required by my insurance company. Failure to do so will result in charges being billed directly to myself or cancellation of my appointment until I can obtain one.

\_\_\_\_ **Insurance Card & I.D. Policy:** If you do not bring a valid insurance card & valid state, federal I.D., or passport the day of your visit you will be rescheduled. It is the patient's responsibility to provide CGN EL PASO EAR, NOSE & THROAT, PLLC. With all their current insurance information. Withholding insurance information relevant to the process insurance claims to the correct agencies, may constitute as fraudulent acts and may be punishable by law.

\_\_\_\_ **Form Policy:** There is a \$30.00 fee for all forms filled out in our office. Forms including insurances, disability, and maternity leave and any other medical forms. It may take up to **2 weeks for forms to be filled out.** Payment is due at the time the papers are dropped off. Forms will not be accepted without payment.

\_\_\_\_ **No Show/Same Day Cancellation Policy:** There is a \$30.00 no show or same day cancellation fee that is due before next appointment or patient will not be seen. After 3 no shows patient will be discharged from practice.

**I HAVE READ, UNDERSTOOD & AGREE TO ABIDE BY THE ABOVE, PAYMENT, INSURANCE AND OTHER OFFICE POLICIES.**

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name and Date and birth