

**PATIENT ACKNOWLEDGMENT OF
FINANCIAL RESPONSIBILITY FOR
DIAGNOSTIC TESTING AND PROCEDURES**

You are being provided this Acknowledgment of Financial Responsibility to help you make an informed decision about your health care. Your Greater Knoxville ENT physician is Board Certified in Otolaryngology and as a specialist may deem it medically necessary to perform certain diagnostic and/or procedures that will assist in the assessment and treatment of your specific condition. Because there are hundreds of insurance plans on the market today, Greater Knoxville ENT is not able to know each person's individual plan regarding the deductible, coinsurance, copay, and "non-covered" services. It is the patient's responsibility to provide current and accurate insurance information at the time of service. It is the patient's responsibility to understand their insurance coverage and the financial responsibility of their policy. All patients have a right to refuse any treatment, diagnostic test or procedures during their office visit. Patients may also refuse any diagnostic test ordered by our physician that must be performed outside of our office.

As an otolaryngology and surgical practice treating ear, nose and throat problems there are certain diagnostic test we might perform on the day of your visit depending on your medical complaint or after a surgery. Some of the most common tests and procedures (not all) we perform in the office are CT Scans, Scopes to examine the ears, nose and/or throat and hearing tests.

By signing below, you are acknowledging you have received, read and understand this notice of financial responsibility. Based on your individual insurance policy you may be financially responsible for all or a portion of your medical treatment provided by Greater Knoxville Ear, Nose and Throat Associates, P.C.

If you have any questions regarding how your insurance carrier would pay for these services, please contact your insurance carrier.

Print Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

If minor:

Guardian Signature: _____ Date: _____