



THE CENTERS FOR ADVANCED  
**ENT CARE**  
MONTGOMERY  
OTOLARYNGOLOGY DIVISION

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## COLLECTIONS POLICY

Our office collects copays and any existing account balances at the time of service. We will also send you an account statement notifying you, or the responsible party, of any amount due after the claim has been processed by your insurance plan. All account balances should be paid within 30 days of the notification. Please update our offices whenever there is a change in your insurance, billing address and, or, other communications preferences including, but not limited to, phone numbers and email addresses.

If for some reason you fail to pay your account balance in a timely manner and the balance is subsequently sent to our collections agency then **YOU WILL BE RESPONSIBLE FOR THE COLLECTIONS FEES AND ANY OTHER LEGAL FEES ASSOCIATED WITH THE COLLECTION PROCESS.** The associated fees will be up to, and not exceeding, 30% of the original account balance.

By signing below, you are indicating that you have fully read, understood, and agree with our collections policy as written above:

\_\_\_\_\_  
Signature of Patient (or Guardian)

\_\_\_\_\_  
Date