

Dear New Patient:

This packet is prepared for your assistance and convenience. Please look it over *before* your visit, in order to make your initial consultation at Bastian Voice Institute (BVI) smooth and efficient, and *as productive in answering your medical questions as possible*. We estimate that you might need 20 minutes on this packet, though some might spend as much as an hour – all time well spent!

TABLE OF CONTENTS

- I. Paperwork to Prepare or Review Before Your Visit
- II. Video Preview of What to Expect (optional, but recommended)
- III. Partnering with your Medical Payment System/Insurance Company
- IV. What to Bring to Your Appointment
- V. APPENDIX: Travel Directions, Our Financial Policy, Insurance Glossary, and Audio/Visual Consent Form

I. PAPERWORK TO PREPARE BEFORE YOUR VISIT

- A. New patient questionnaire (attached to the email as a separate PDF document)
- B. Financial policy (included below)
- C. Insurance benefit information (included below)
- D. Audio/visual consent form (included below)

If you are unable to print a copy of this information to bring along to your appointment, we will be happy to provide them to you upon your arrival. In that case, please plan to arrive 30 minutes prior to your scheduled appointment time. If you are able to bring all completed paperwork to your appointment, then please plan to arrive 15 minutes prior to your scheduled appointment time.

II. VIDEO PREVIEW OF PHYSICIAN CONSULTATION (optional, but recommended)

- A. Go to <https://youtu.be/9lt4v3NHCjQ>

III. PARTNERING WITH YOUR INSURER (if you are a Medicare-covered patient, please skip this part)

Different people pay for healthcare in different ways:

1. Some budget and pay for healthcare expenses directly, paying at the time of service.
2. Others do this, in effect, for the first few thousands of dollars of expenses each year, by having a high-deductible Health Savings Account (HSA).
3. A third group has arranged for their health insurance to provide not only insurance, but also payment for most of their routine medical expenses, after they meet a lower annual deductible.

If you are in group 2 or 3 above, we would ask you to contact your insurance company *in advance of your visit* and ask some basic questions. This will require from you the level of effort that might be required to book a hotel, purchase airline tickets, or rent a car. **(Note: as indicated above, if you have MEDICARE, you do not need to do this and can skip ahead to Part IV: What to Bring to Your Appointment.)**

Six steps to know where you stand with your insurer (if you are a Medicare-covered patient, please skip this part):

1. On the reverse side of your insurance card, locate and dial the 1-800 customer service number.
2. Be prepared to “key in” or “speak” your identification number located on the face of your card. You will be connected to an automated system which will ask if you are the *member* or *provider*. Please respond “*member*.”
3. When asked the purpose of your call, please respond “*benefits*.” When asked the type of service you are calling about, please bypass this question by responding “*representative*.” You will then be connected to a live person.
4. Once connected, inform the representative that you would like to receive benefit information for the following codes:

99203 – Specialist office visit

31579 – Videostroboscopy (Diagnostic, NOT operative)

***Note:** Just for background: The representative may ask if this service will be done in a hospital, office, or outpatient setting. Please respond “*office*.” Code 31579 describes a procedure which will help our physicians obtain a clear diagnosis on the same day of your visit. Many physicians refer this type of testing to a hospital or outpatient setting, which may be inconvenient and more costly. We are pleased to be able to offer this service in specially equipped rooms at our office. You may also be asked for a diagnosis code. Please explain that you do not have a diagnosis code because this will be your first visit and the purpose of the visit is to obtain a diagnosis.

5. **IMPORTANT NOTE:** Please also obtain the following information from your insurance carrier during the call, and be prepared to bring it with you:

Specialist copay amount _____

Total annual deductible _____

Deductible currently met _____

Co-insurance amount _____

Is pre-authorization required? _____

6. You will be asked to sign an “Advance Beneficiary Notice” stating you have been informed that your insurance may not cover part or all of your bill, in which case you agree to pay the uncovered amount.

IV. WHAT TO BRING TO YOUR APPOINTMENT

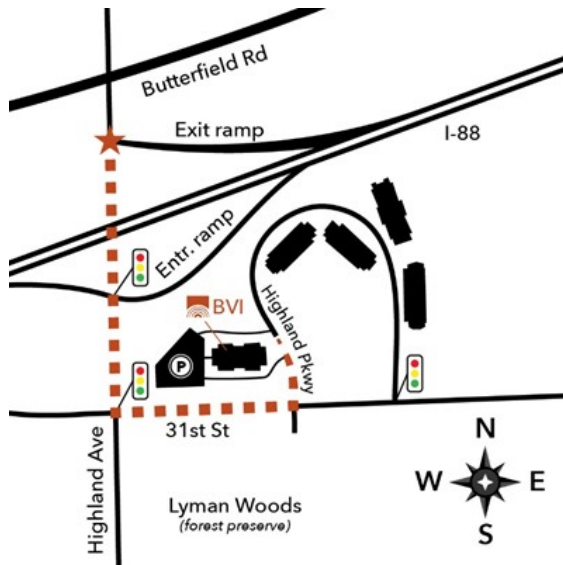
- A. Your insurance card(s)
- B. A photo ID
- C. A complete list of your current medication(s)
- D. Name, address, and phone numbers of other physicians to whom you wish a report sent
- E. Completed new patient questionnaire
- F. List of questions you may have for the physician

Should you have any questions or need assistance prior to your visit, please feel free to contact our office at 630-724-1100. We look forward to meeting you!

Bastian Voice Institute

3010 Highland Parkway, Suite 550
Downers Grove, IL 60515
Tel: 630-724-1100
Fax: 630-724-0084

www.bastianvoice.com
www.bastianmedicalmedia.com



Travel Directions to Bastian Voice Institute

3010 Highland Parkway, Suite 550, Downers Grove, IL 60515

Phone: 630-724-1100; Fax: 630-724-0084

www.bastianvoice.com

We are located in the Highland Landmark III building, ½ mile north of Good Samaritan Hospital, and just south of highway 88 on the northeast corner of the intersection of Highland Avenue and 31st Street. We are in the tall “green” building with “SAP” and “Duly” signs on the top.

Below are directions coming from various parts of the metro area; **note the specific directions for the final approach**, which are not always accurate when given by a GPS or other mapping service.

From the Northwest:

355 South to 88 East. Stay in the right lane and take the first exit (Highland Avenue). Turn right at the top of the ramp and move immediately to the far left lane so that you can turn left (east) at the first light (31st Street). **Then follow the final approach below.***

From the Northeast:

294 South to 88 West. Go approximately 4 miles and take the Highland Avenue exit. At the top of the ramp, turn left (south), and be prepared to turn left (east) again at the second light you come to (31st Street). **Then follow the final approach below.***

From the West:

88 East to Highland Avenue exit. Turn right at the top of the ramp onto Highland southbound, and move immediately to the far left lane so that you can turn left (east) at the first light (31st Street). **Then follow the final approach below.***

From the East:

290 West (Eisenhower Expressway) to 88 West. Just past Oakbrook, take the Highland Avenue exit and turn left (south) onto Highland Avenue at the top of the ramp. Be prepared to turn left again (east) at the second light you come to (31st Street). **Then follow the final approach below.***

From the South:

I-55 to 355 North. Merge onto 88 East. Exit a few hundred yards later to Highland Avenue. Turn right at the top of the ramp and move immediately to the far left lane so that you can turn left (east) at the first light (31st Street). **Then follow the final approach below.***

*FINAL APPROACH, in summary:

Left, left, left. That is, you should turn left (east) onto 31st Street, take your first left (north) onto Highland Parkway, and then take your first left (just before the first building on your left, which is our building) to reach our parking garage.

*FINAL APPROACH, in greater detail:

1. Traveling south to the intersection of Highland Avenue and 31st Street, **turn left (east) onto 31st.**

Note: as you approach this intersection, on your left you should see our building’s multi-level parking garage rising up behind the trees, with a “New York Life” sign on the garage further to the left. On your right, you should see a Parkers’ Restaurant & Bar.

2. Traveling east on 31st Street, move immediately into the left lane, and then **turn left (north) onto Highland Parkway**; this is the first possible turn-in on the north side of 31st, just a few hundred yards east of Highland Avenue. Look for the masonry signs at the entrance to Highland Parkway, which say “HIGHLAND LANDMARK.”

Note: If when driving east on 31st you miss this entrance to Highland Parkway, you’ll come to a traffic light a few hundred yards further east; this is the second leg of Highland Parkway, also so labeled. You can turn left (north) there and follow the circle to the left almost all of the way back to 31st to find our building.

3. Traveling north on the first leg of Highland Parkway, **take your first possible left turn at the end of the grass-tree median**, after only a hundred feet or so, and drive along the back of our building to get to the parking garage. If you miss the first left, you can take the second left, which takes you past the front of the building and then into the parking garage.

Once you’re in the parking garage, try to park on level 2 or above, where the garage elevator is easier to find. Much of the time, it may be most efficient to drive up to level 4 or higher. **Use the garage elevator to come to level 2, which is the only level where the garage and building are attached.** Walk down the hallway and into the building lobby. Take the building elevator to Suite 550, on the fifth floor.

OUR FINANCIAL POLICY

Welcome to **Bastian Voice Institute (BVI)**. Our mission is to provide you with quality care. We strive to fulfill our mission through a clean and orderly environment, state-of-the-art diagnosis and treatment, and warmth and generosity of communication regarding your questions or concerns.

To be clear and fair with our financial dealings with you, we offer the following information to help you understand BVI's **financial policies**. Please review the information below and speak to one of our staff if you have any questions.

ABOUT INSURANCE IN GENERAL

Health insurance is a contract between you and your insurance company, or, if you have government insurance, between you and our government. Health insurance policies do not usually cover all costs. They typically begin to pay only after you have met your **deductible**. In addition, most plans expect you to cover a **co-pay** for each visit, and usually beyond that, a small percentage of the allowed charges, called your **coinsurance** amount. ***We have no control over your contractual co-pay, deductible, or coinsurance amounts.*** Furthermore, we may not—by law—“waive” these fees. Insurance is at the same time your protection from major medical expenses, and also represents a “third party” standing between you and your doctor and arguably acting in its own best interest in addition to yours.

From the provider side, medical care to insured persons is reasonably thought of as being provided *on credit*, pending “adjudication” by the third-party insuring entity to determine what charges are “allowed” for these services.

INSURED PATIENTS: WHAT WE NEED YOU TO PROVIDE TO US

1. Please bring your insurance card(s) to your first appointment or at any time that your insurance plan changes. This is necessary in order for our office to bill your insurance as a courtesy to you. If you are unable to provide this at the time of your appointment, you will be asked to put a credit card on file which will be charged for the services provided during your visit, unless we receive a copy of the insurance card within 48 working hours of your appointment.
2. If you are a member of an HMO plan, *we must have an official “referral” from your primary care physician* before we will be able to see you. Please note that it is your responsibility to obtain this referral and without it, your insurer will not pay for your visit, making payment your responsibility.
3. Co-pays are due at the time of service.
4. We also will expect prompt payment of charges your insurance company denies as being non-covered and therefore your responsibility.
5. We furthermore expect prompt payment for charges that go towards meeting your **deductible** (see above) or because these charges are determined by your insurance company to represent your **coinsurance** amount, and are therefore your responsibility. We will send you a statement for these fees if they are not paid at the time of service. We expect payment within 30 days of receipt.
6. When requested, we will provide information to you prior to your appointment in order to assist you in contacting your insurance carrier to confirm your benefits and eligibility. If you decide not to do this prior to your first appointment or after there has been a change in your insurance plan, you will be asked to sign an “Advanced Beneficiary Notice.” In signing this notice, you are consenting to proceed with your appointment and accepting full financial responsibility if your insurer does not pay for any reason.

Initial: _____

WHAT WE WILL DO FOR YOU, AS A COURTESY

1. We will file your claim(s) for you. When requested by your insurance company, we will also supply them additional information which may include medical records to support a claim. If, however, your insurance company does not reimburse Bastian Voice Institute within 60 days of the date of your service, you will be responsible for prompt payment.

PATIENTS WITHOUT INSURANCE (SELF PAY ACCOUNTS)

Persons who “insure themselves” in order to save the considerable monthly cost of insurance, or those with insurance plans that do not provide coverage with Bastian Voice Institute, are considered to be in self-pay status. If this describes you, you must pay at the time of service(s). On a case-by-case basis, we may offer a payment plan, but this is only available if approved prior to service. Please speak to our front desk to arrange a payment plan. Persons who pay in **full** at the time of service will be offered a 15% discount. (Discount does not apply to payment plan option).

BASTIAN VOICE INSTITUTE BILLING STATEMENTS

After your insurance company, or the government, responds to our claim for services, you will receive a statement specifying the amount they paid, the amount written off, and any remainder that falls to your responsibility as a coinsurance amount. Prompt payment is expected upon receipt of this statement. Please call our office if you have a question. Again, “self-insured” patients are expected to pay at the time of service, unless a payment plan has been arranged.

COLLECTION AGENCY EXPENSE

If we do not receive payment promptly, *and if in addition we do not receive any communication from you in response to our statements or other communications with you*, your account may be referred (regretfully) to our collection agency. In that case, you will be responsible not only for your balance, but also an additional 33 1/3% of your balance. This additional amount is a straight “pass through” to you, to cover the collection fee charged to us by the collection agency.

BAD DEBT

If an account has been transferred to “Bad Debt” status due to bankruptcy or bad debt write-off, Bastian Voice Institute’s policy for future service is to require payment in full for all services in advance.

CHECKS RETURNED FOR INSUFFICIENT FUNDS

To cover our costs, a processing charge for a returned check is \$25, payable by cash or money order. If two occurrences of checks returned for non-sufficient funds are noted in your account, you will be placed on a “cash only” basis for future services.

Initial: _____

PAYMENT PLAN AGREEMENTS

Only by special arrangement, we *may* offer a payment plan to span not more than 6 months. Payment plans are not available for balances less than \$200. For more information, please call our office or speak with a member of our staff.

PAYMENTS FOR DEPENDENTS

The parent(s) or guardian(s) is responsible for full payment and will receive all billing statements. Signature of this document authorizes treatment and acceptance of this payment responsibility for dependents.

For your convenience, we accept cash; checks; and Visa, MasterCard, and Discover debit and credit cards.

Please feel free to contact us for further information:

**Bastian Voice Institute
Telephone: 630-724-1100**

PLEASE NOTE: WE CANNOT PROVIDE SERVICES TO PERSONS WHO DO NOT AGREE TO THIS FINANCIAL POLICY, OR WHO MAKE ANY CHANGES TO IT.

I have read and acknowledge this patient financial policy and agree to the terms as described.

Please Print Name _____

Signature _____ **Date** _____

Insurance Glossary

The following information has been compiled to assist you in understanding your insurance coverage.

Adjustment:

If Bastian Voice Institute has a contract with your health insurance provider, then we have contractually agreed to accept a specified allowed amount from your insurance provider. Your explanation of benefits will define this allowed amount as well as the adjusted amount, or what we must write off. In order to understand what your clinician was actually paid, simply subtract the adjusted amount from the original fee amount which will equal the allowed amount.

Allowable:

The maximum reimbursement the member's health insurance policy allows for a specific service. It is the maximum dollar amount assigned for a procedure based on various formulas. Allowed amounts are generally based on the rate specified by the insurance company.

For Example:

If the billed amount is \$100.00 and the insurance allows \$80.00, then the allowed amount is \$80.00 and the balance \$20.00 is the adjustment or write-off amount.

Formula:

Allowed amount = Amount insurance paid + co-pay and/or co-insurance, or if the patient has not met his or her deductible, then allowed amount would fall entirely to the patient.

Claim Denial:

Notification from your insurance company that a claim has been denied. As a courtesy our office will appeal a denial and follow up with your insurance company for up to 60 days. If the claim is neither paid nor communication received from your payer, responsibility for the bill will fall back to the patient/guarantor, with the amount due to Bastian Voice Institute.

COB:

Coordination of benefits is a process for determining and assigning financial responsibility for payment of a claim to prospective payers when two or more insurance companies are providing health insurance coverage to the insured individual (for instance, a patient who has Medicare and a supplemental insurance policy).

Co-insurance:

Most insurance policies require that the patient pay a portion of the medical fee, even after the deductible is met and the co-pay has been paid. For example, an 80/20 policy means that the insurance pays 80% of the *allowable* amount and the patient is responsible for 20% of the *allowable* amount of the claim, after the deductible and in addition to the co-pay amount paid. If there is a secondary or supplemental insurance, the co-insurance is often paid by it, or part is paid by secondary insurance and part is paid by the patient.

Co-pay:

Insurance policies typically require that the patient pay a specified amount at each medical visit. There are two categories of co-pays, non-specialist and specialist. Bastian Voice Institute is a specialist's office and therefore the amount specified for a specialist is due at the time of service.

It is important for you to know if you are responsible for a co-pay, and if so, the co-pay amount. This information can be obtained by calling the customer service number located on the back of your insurance card.

Deductible:

Most health insurance companies require that a policyholder pay an annual “deductible” before the insurance company will begin paying towards claims. It is important for you to know your deductible amount and when the deductible amount re-starts each year (some start in January and some in July). This information can be obtained by calling the customer service number located on the back of your insurance card.

DOS:

Date of service or the date of treatment.

EOB:

“Explanation of Benefits” sent to both the patient and medical office from the patient’s insurance company. The “EOB” provides the charge amount submitted to the insurance company for the service, the amount the insurance company allows (allowable amount), the paid amount, the adjusted amount, the balance owing (copay, co-insurance, or deductible) by patient and/or secondary insurance.

HMO Policy:

Health Maintenance Organization plans are intended to focus on preventative care. HMOs usually require the insured to receive services from a network provider (one with whom the insurance company has a contract). Persons with an HMO policy must obtain a referral from their primary care physician prior to scheduling an appointment with Bastian Voice Institute. Questions regarding your HMO coverage may be addressed to your insurance company by calling the customer service number shown on the back of your insurance card.

In Network:

Refers to the list of insurance companies on page 7 of this packet with whom we have an active and current negotiated contract. Most in network benefits are 80/20 or 90/10. As a courtesy our office will file your claim to your insurance company for reimbursement of your claim.

Out of Network:

Refers to insurance companies not shown on page 7 of this packet with whom we do not have a current negotiated contract. Most out of network benefits are 60/40. As a courtesy our office will file your claim to your insurance company for reimbursement of your claim.

Precertification or Preauthorization:

As a courtesy our office will contact your insurance company prior to your first visit, surgery or any specific services that may require preauthorization (speech therapy, injections, etc.) to confirm your benefits and eligibility. *Please note that we would greatly appreciate it if you would do this for yourself. This requires a call to your insurance company and request for precertification of your upcoming visit. When verified, you will be given a precertification number which we must have at the time of your visit, along with the name of the representative with whom you spoke.* According to insurance companies, precertification is not a guarantee of benefits but only verifies that you are *potentially* covered for the anticipated service. Questions regarding your coverage may be addressed to your insurance company by calling the customer service number shown on the back of your insurance card.

Pre-existing Condition: A medical condition that was diagnosed prior to obtaining coverage by your current insurance company and may in some instances not be covered. Questions regarding a potential pre-existing condition may be addressed to your insurance company by calling the customer service number shown on the back of your insurance card.

Self-Pay Status: This refers to patients who for one of several reasons do not have health insurance coverage and therefore pay directly for their healthcare costs. Self-pay patients are expected to pay the bill at the time of service. At BVI’s discretion, a financial plan may be arranged to allow 3-6 months to pay a remaining balance, depending on the amount of the balance owing.

Consent for Use of Audio/ Video Materials for Teaching and/ or Research Purposes

NAME (please print): _____ DATE: _____

The primary mission of Bastian Voice Institute (BVI) is *patient care*. Important additional missions, however, include *teaching and research*.

Patient care often includes an endoscopic procedure that is video-documented. This is often central to our *diagnostic* process.

Thereafter, these video-documented examinations are archived and may become valuable for teaching and research. In particular, images of rare voice, voicebox, throat, or esophageal findings may be valuable *when used anonymously* for *teaching* of other clinicians, such as doctors and speech pathologists. This teaching might occur onsite, during an instruction course at a professional meeting, or even via the internet.

Additionally, these same voice recordings and/ or images may be analyzed with identifying information removed, to study the benefit of treatment. This audio and/ or visual information may be presented at a meeting, or be published without identifying information, in an electronic or paper-format journal.

We respectfully request your consent to possible use of audio and /or video images of your voice, swallowing, or breathing, in one of these ways. Your preferences will remain in effect until you notify us otherwise. Please initial all of the following with which you agree:

1. I give permission for *unidentified still photos* of my vocal folds, voicebox, windpipe, esophagus, throat, or palate to be used. _____ (Initial)
2. I give permission for *unidentified video-only* clips to be used. _____ (Initial)
3. I give permission for brief *unidentified voice or breathing samples* to be used, including sustained tones, and non-speech vocal tasks. _____ (Initial)
4. I give permission to also use *unidentified samples of my voice*, either speaking or singing with words. _____ (Initial)
5. I give permission for *unidentified* views of my face to be used. _____ (Initial)
6. I give permission for an *unidentified* running audio-video interview to be used. _____ (Initial)

Patient Signature

Relationship, if Subject is a Minor

Date

Outside Representation Consent

I, _____ authorize and give my consent
Please print name

to _____ and/or
Please print name and relationship of person being authorized

to _____ to speak on my behalf
Please print name and relationship of person being authorized

concerning my health information including access to and all medical records pertaining to my care with Bastian Voice Institute.

Patient Signature: _____

Date: _____

TELEMEDICINE INFORMED CONSENT for BASTIAN VOICE INSTITUTE (BVI)

Before signing below, I understand that:

Consultee's

Initials

_____ Telemedicine involves the electronic transmission of my personal information.

_____ I may discontinue telemedicine at any time without affecting future care at this office.

_____ Billing information for telemedicine is collected just as for a regular office visit. In case of insurer non-payment, am solely responsible for the financial charges.

_____ While the risk to my privacy has been minimized to the best of our ability:

- *It is easier for electronic communication to be forwarded, intercepted, or even changed without participants' knowledge and despite taking reasonable measures.*
- *Workplace computers or other devices are legally accessible by employers. Other "public" devices are also used at your own risk. It is important to use a secure device/network.*
- *Despite reasonable efforts on the part of the Bastian Voice Institute, the transmission of medical information could be disrupted or distorted by technical failures.*

_____ I must take reasonable steps to protect myself from unauthorized use of my electronic communications.

_____ Bastian Voice Institute is not responsible for breaches of confidentiality.

_____ Electronic communication cannot be used for emergencies or time-sensitive matters.

_____ As compared with an onsite visit, an evaluation via telemedicine may limit BVI clinicians from fully evaluating a condition or disease. I also agree to accept responsibility for following the recommendations—including for further diagnostic testing or examination(s), including during any recommended in-office visit.

_____ BVI may forward my information including images (unless I specify otherwise) to an authorized third party.

_____ Consultation is never accompanied by a guarantee of a result or outcome.

_____ To the extent permitted by law, I am hereby waiving and releasing BVI clinicians and staff from any claims I may have about the telemedicine visit.

I understand that electronic communication should never be used for emergency communications or urgent requests. Emergency communications should be directed to 911 or as appropriate to the provider's office or after-hours clinician cell phones provided by our office. And I certify that before signing below, I have read and understood each item above, and that my questions have been answered.

Name of Consultee: _____

Consultee or Legal Representative Signature

Date/Time

Relationship to Consultee