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FINANCIAL POLICY

Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately in addition to office visit charges. We have become aware that some insurance carriers are classifying these procedures as "Surgery" and applying the charges to a higher deductible amount. The result may be an insurance payment for the office visit but not a procedure. In such cases, payment for the procedures will be due from the patient. Be assured that we are following accepted billing and coding guidelines and that all procedures are performed in the best interest of patient care.

Examples of in-office procedures include:

Flexible laryngoscopy: This procedure involves passing a long thin flexible fiberoptic scope through the nasal cavity and into the throat. The fiberoptic scope enables the physician to visualize areas of the throat not readily seen using the laryngeal mirrors. The estimate for this procedure is between \$150 - \$200.

Nasal endoscopy: This procedure uses the flexible or rigid scope attached to a light source to view areas of the nasal cavities that cannot be viewed by the physician using the standard nasal speculum and head mirror. The estimate for this procedure is between \$200-\$250.

Nasal endoscopy with debridement or biopsy: This is the same procedure as above with removal of crusting or tissue. The estimate for this procedure is between \$275-\$350.

Removal of impacted cerumen: This procedure is used to remove cerumen (ear wax) that is impacted in the ear canal. The estimate for this procedure is between \$40-\$55.

***BC/BS Federal employee program ins** - will charge a \$150 copay when any scope is performed*

REQUEST FOR RECORDS

POSTOPERATIVE DISABILITY - 1st single set free - \$10/set thereafter.

FLMA - 1st single set free - \$10/set thereafter.

***GENERAL RECORDS** - Minimum \$5 (up to 7 pages), \$.75/page thereafter.

*only our records will be copied. You will have to contact other facilities for their records.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____