



General Consent to Receive Treatment (please read carefully)

By signing this consent form, you authorize Metroplex ENT & Allergy physicians and providers to provide medical care for you (if you are the patient) or your child/dependent (if you are the legal guardian). You must understand that just as there may be risks of non-treatment of medical problems, the risks common to all medical and diagnostic procedures/interventions include allergic reactions, blood clots, infection, and death. You must understand that there is no guarantee as to the outcome in healthcare interventions. You must understand that appropriate medical care is dependent on the patient/legal guardian providing accurate health history information. This includes an accurate description of any active medical problems, current medications, chronic medical conditions, surgical history, social history including use of alcohol, tobacco, or other illicit drug use. Failure to provide accurate medical history may result in unintended harm to the patient. Your medical records will be owned by Metroplex ENT & Allergy, PLLC. Copies of your records will be made available to Drs. Timothy Thomason and Constance Zhou. You may request copies of your medical records for reasonable fees in accordance with Texas law.

Communication with Your Providers

We believe that clear communication with you is very important. It is your responsibility to provide us with an accurate mailing address, email address, and cell phone number and to notify us if these change. We send appointment reminders via email or text message to the email address and/or cell phone number that you provide. We may request or send certain health information such as the reason for a visit or specific instructions as it relates to your care via email or text message. Text messages sent from our office platform use standard SMS methods which are not encrypted. If you do not want to receive this information you can opt out of receiving text messages or otherwise notify us in writing as to how you would prefer to receive communications from us. Likewise, if you do not wish to receive email communications from us then please notify us in writing at Metroplex ENT & Allergy 7200 State Highway 161 Suite 220 Irving, Texas 75039.

We invite all patients to join our Onpatient Portal. Portal messages are the most secure means to send private, protected health information. Our patient portal is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We strongly encourage all patients to use the portal system for electronic communications.

Prohibition of Photographic, Video, and Audio Recordings

Patients and family members or anyone else who accompanies a patient on a visit to our office is hereby strictly forbidden to take photographs, video recordings, or audio recordings while in our office.

Consent for Common Procedures and Medications

By signing this general consent to receive care, patients and/or legal guardians do also give consent for the following common office procedures and medications:

- Earwax removal--The provider will use instruments to remove cerumen from the ear canal that may be causing symptoms or impeding visualization of the tympanic membrane. There may be some discomfort and minor bleeding associated with removal of impacted cerumen.



- Endoscopy of the Nose/Throat--The provider will use a fiberoptic scope to visualize the portions of the nasal cavity and/or throat in order to aid in the diagnosis and treatment of various conditions in those areas. There may be mild discomfort, coughing, sneezing, or gagging sensations.
- Antibiotics--We may prescribe antibiotics for certain infections. Common antibiotics used in our practice include amoxicillin, amoxicillin/clavulanate, cefdinir, cephalexin, cefazolin, clindamycin, levofloxacin, ciprofloxacin, ofloxacin, azithromycin, clarithromycin, trimethoprim/sulfamethoxazole, among others. All antibiotics have the potential of causing allergic reactions, adverse drug reactions, development of antibiotic-resistant infections, and antibiotic-associated diarrhea such as that caused by *Clostridium difficile*. We recommend taking over-the-counter probiotics while taking antibiotics.
- Steroids--We may prescribe topical or oral steroids for certain conditions. Common steroids include prednisone, methylprednisolone, mometasone, fluticasone, budesonide, dexamethasone, desonide, and triamcinolone. Topical nasal steroids are commonly used for allergy and sinus inflammation and are generally well-tolerated. However, some adverse effects include nosebleeds, headaches, and unpleasant taste. Rare complications include nasal septal perforation. Patients with cataracts or glaucoma should not use topical nasal steroids. Oral or systemic steroids can cause changes in sleep patterns, changes in appetite, behavioral abnormalities such as confusion or psychosis, weight gain, elevated blood sugar, elevated blood pressure, loss of bone mass, or loss of blood flow to the hip bone (a rare condition called avascular necrosis). Patients are encouraged to read the package insert that comes with the prescription or ask the pharmacist for any additional specific information related to the drug.
- Prescription Pain Medication--We may prescribe prescription pain medication for post-operative pain or other pain related to a medical condition. Common prescription pain medications include hydrocodone, codeine, and tramadol. All prescription pain medications should be used as directed and only as directed. All prescription pain medications have addictive potential and any patients with substance abuse disorders or a history of addiction should request alternative pain medication.

Consent for Clinical Photography

We may obtain clinical photographs or audio/video recordings of endoscopic exams or surgery for medical records. Metroplex ENT & Allergy PLLC will own all rights to these photographs or audio/video recordings. We may elect to use photographs or audio/video recording for teaching purposes on printed materials or on our websites. We will not share photographs or video recordings that include identifying features of the face unless a separate photograph consent is obtained from the patient. Patients will not receive any monetary compensation for the use of photographs or audio/video recordings.

Financial Policy

Metroplex ENT & Allergy accepts most major health insurance including Medicare. However, the patient or responsible party is ultimately responsible for paying medical bills. Payment is due at the time services are rendered. Our fees are within the standards of usual and customary fees for the Dallas Fort Worth area. We want you to understand your medical bills. Most insurance plans have office visit copayments that must be paid by the patient or responsible party. We are not allowed to waive co-pays. Insurance plans often have deductibles that must be paid before the insurance company starts paying claims. We require all patients with deductibles higher than \$250 to provide a major credit card that we can charge for



the appropriate payment of balances due. We are not allowed to waive deductible payments. Most insurance plans also have co-insurance that is calculated after the deductible is met. We are not allowed to waive co-insurance. By consenting to receive care you are agreeing to pay all medical bills that are associated with the care given. As such, you will be asked to make payment prior to the visit but you should also be aware that additional payment may be necessary once your insurance company processes the claim.

Procedures are commonly performed in ear, nose, and throat offices. Your insurance plan dictates when fees for office procedures fall under an office co-pay and when additional fees may be due from the patient or responsible party. We make an effort to disclose when additional fees will be due for office procedures by checking your insurance benefits. However, we cannot do this for every procedure. We do not routinely verify insurance benefits for hearing tests, removal of impacted earwax, examination of ears using a microscope, removal of foreign bodies, biopsies, control of nosebleeds, or endoscopy of the nose or throat. If you give written or verbal consent to proceed with an office procedure then you must be aware that additional charges may be due. Procedures may be referred to as surgical procedures on your insurance plan's explanation of benefits.

After your visit we will send a claim to your insurance for any balance remaining. The insurance company will pay any claims in accordance with the terms of the specific plan. **If there is a balance due that is the patient's responsibility after the insurance company pays the claim, then we will be charging this amount to the credit card that you have left on file with us.** The process of claim submission and verification can take anywhere from a few weeks to a few months.

No-Show Fees

Patients who fail to keep an appointment with either a physician or clinical audiologist will be charged a \$40 no-show fee.

Hearing Tests

Patients with symptoms of ear pain, hearing loss, ringing in ears, dizziness, cerumen impactions, ear popping, ear drainage, or facial paralysis will routinely be scheduled for both a hearing test with our clinical audiologist and an office visit with one of our ear, nose, and throat physicians. The hearing test helps with the diagnosis and treatment of these conditions. Patients who are scheduled for a hearing test who then subsequently refuse to proceed with the hearing test will be charged a \$25 no-show fee.

Surgery Scheduling

Our physicians perform surgery at several local facilities. Whenever possible we will check with your insurance benefits to determine your estimated out-of-pocket costs prior to surgery. This calculation is based on your deductible, co-payment, and co-insurance for the surgeon's fees for the planned procedure. This amount represents our best estimate but the actual total amount of the patient's responsibility for payment will be determined after the insurance company processes the claim. **This amount will be due 10 business days (2 calendar weeks) prior to your procedure and it is non-refundable.** If the surgery is cancelled by the patient or responsible party during those 2 weeks then any payments made will not be refunded and there will be an additional \$200 cancellation fee.



The surgeon's fees do not include fees for the facility, anesthesia, pathology, surgical assistants, or preoperative testing which may be required.

Information related to the No Surprises Act and Good Faith Estimates

Self-pay rates:

- \$200 for a new patient visit
- \$150 for an established patient visit
- \$80 for an audiogram (hearing test)
- All other procedures/services will have a fee equal to 150% of the Medicare Fee Schedule for Dallas, Texas which can be found at www.novitas-solutions.com

It is impossible for us to determine an estimate of the total cost of care until we know what that care will entail. However, for planned elective surgeries we will provide an estimated out-of-pocket cost for the surgeon's fees prior to scheduling the surgery. Patients are encouraged to check with the facility and anesthesia providers to obtain cost information prior to scheduling surgery.

Out-of-network, narrow network

Metroplex ENT & Allergy, PLLC is in-network for most major insurance plans. We do not always know the status of other facilities or providers as to whether they are in-network or out-of-network. You are encouraged to check in-network or out-of-network status of any facility or associated providers involved in your care. Some insurance plans have narrow networks which severely limits your choice in where you can receive care.

Financial Disclosures

Metroplex ENT & Allergy, PLLC is owned by Dr. Timothy Thomason and Dr. Constance Zhou. Drs. Thomason and Zhou also own interest in Coppell Surgery Center, LLC. Coppell Surgery Center LLC leases certain surgical equipment at fair market value to Legent Orthopedic Hospital. Drs. Thomason and Zhou are part of a value-based enterprise with PSN Affiliates which operates Legent hospitals. The value-based enterprise rewards physicians for meeting quality and cost-saving metrics in care provided at associated hospitals.

Credit Card or Debit Card Charge Disputes

Any person who disputes a payment that we have made on a debit/credit card should first contact our office to discuss the payment in question. If the dispute is still made with a credit or debit card company then we will send appropriate documentation that justifies the charges to the card. Because of the nature of our business as a medical provider we will attempt to redact information about diagnoses. However, it may be necessary to show procedure codes and the associated charges for those procedures in the documentation. Therefore any patient who disputes charges with a bank or financial institution is hereby authorizing Metroplex ENT & Allergy to share protected health information to the extent necessary to justify charges placed on the card.

Returned Check Fee: \$30.00

Failure to Make Timely Payment



We are a small business and rely on timely payment from individuals as well as insurance companies. We will send a statement via regular mail or via our patient portal. We will attempt to charge your debit or credit card for the balance due approximately 7-10 days after the statement is sent. If we are unable to charge a debit or credit card then the patient or responsible party must send payment via check or call to make other payment arrangements on the phone within 30 days from the date that the statement is sent. We will start charging finance charges at a rate of 1.5% per month on delinquent bills. We reserve all rights under Texas business law to pursue appropriate payment. This may include using a debt collection agency, reporting delinquencies to all three major credit agencies, and pursuing civil legal action. Court costs and legal fees incurred in this process will be charged to the patient or responsible party.

Patient Rights

- To receive professional, ethical, and compassionate care
- To be treated with respect and courtesy
- To be informed of the identities of healthcare providers
- To be informed of the risks, benefits, and alternatives for treatment plans
- To be treated without discrimination on the basis of race, religion, gender, age, or sexual orientation
- To confidential provision of care
- To have access to medical records upon request
- To pain control that is medically appropriate
- To receive clear explanations of medical bills

Patient Responsibilities

- To provide accurate information regarding medical history, family history, allergies, surgical history, and medications.
- To treat all staff members with respect and courtesy
- To treat any other persons in the clinic with respect and courtesy
- To abide by all office policies and procedures
- To abide by all efforts to reduce infectious disease transmission such as wearing masks
- To treat all staff members and any other persons in the clinic without discrimination on the basis of race, religion, gender, age, or sexual orientation
- To make timely payment of medical bills
- To refrain from conveying inaccurate, misleading, or disparaging information related to Metroplex ENT & Allergy or any of our providers on any public media platform

Choice of Care

We understand that you have choices where you receive medical care and we thank you for choosing us.

I have read the above information and I agree to the financial policies and office policies and I consent to receive medical care.



Signature of Patient or Responsible Party

(e-signatures will appear on a signature page following this page)

Date

Correspondence:

Metroplex ENT & Allergy PLLC

7200 State Highway 161 Suite 220

Irving, Texas 75039