

ENT Hours:

Monday through Thursday 8 AM to 5 PM

Friday 8 AM to 4 PM

Allergy Clinic Hours:

Monday 8 AM to 4 PM

Tuesday 8:00 to 4 PM

Wednesday 8 AM to 4 PM

Thursday 8 AM to 4 PM

Friday closed

Please note these hours are subject to change

Holidays:

West River Ear Nose and Throat observes the following holidays: New Year's Day, Easter, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

New patients:

We asked that all new patients fill out a detailed patient medical history form prior to seeing the physician. The medical information included on this form will be carefully reviewed by your physician and our nursing staff. You will also be asked to fill out a patient registration form. This form must be filled out completely so that our staff has the information to file your insurance accurately.

It is your responsibility to know if the physicians, allied health professionals, or outreach providers at West River Ear Nose and Throat Prof.; LLC are in your insurance network.

It is also your responsibility to know your insurance network coverage, deductible and co-pay.

Established patients:

It is the policy of West River Ear Nose and Throat Prof.; LLC to discontinue medical services to families who failed to keep scheduled appointments 3 times. This reserved appointment time could have been used for other patients who are ill.

If you make an appointment with any 1 of our physicians or nurse practitioners and cannot keep your appointment, please call our office at least 2 hours prior to the scheduled time to cancel or reschedule.

Each no-show appointment will be marked in the patient's chart. After your third no-show appointment you will be sent a letter of termination. You may not transfer care to another provider within the ENT department. The clinic will be available for emergency ENT needs for 30 days following termination. If the patient is on Medicaid notification letter will be sent to the Medicaid Office in Pierre South Dakota.

Commercial Insurance:

All co-pays are required on the date services are rendered this is a binding contract between West River Ear Nose and Throat Prof.; LLC and your insurance company.

For your convenience, our office will send an insurance claim form to your primary insurance company. In order for us to file your insurance, we will need you to present West River Ear Nose and Throat Prof.; LLC the name of your insurance company, their address, your group and policy numbers, policyholder's date of birth, effective date of coverage, if your plan is a single or family coverage, the amount of your co-pay or deductible. Should there be any changes in your insurance coverage, please be sure to notify our office so that we may follow your insurance claims correctly.

Please be sure to inform our office if your insurance company requires preadmission certification for hospitalizations or precertification for procedures and/or tests. Failure to do this may cause a reduced reimbursement by your insurance company. **Please note that you are responsible for the payment of your account regardless of your insurance coverage**

Medicaid:

Please bring your Medicaid card to each visit to verify that we have the correct insurance number. If you or your child have not received your card or your child's card, you should contact the Department of Social Services to get a temporary print out confirming eligibility. Please inform West River Ear Nose and Throat Prof; LLC office of any other insurance coverage that you or your child may have in addition to Medicaid.

If you or your child's primary care physician does not send a referral to West River Ear Nose and Throat Prof; LLC, your appointment will need to be rescheduled.

Medication refills:

To provide better care for our patients, we asked that you call between the hours of 8 AM to 5 PM Monday through Thursday and 8 AM to 4 PM on Friday for routine questions and medication refills. Please allow West River Ear Nose and Throat Prof; LLC 24 hours to refill your medications. Narcotics cannot be refilled during evening or weekend hours.

Billing:

We require payment at the time of service for all office visits. All accounts are due and payable within 30 days of receipt of your statement unless other arrangements are made with West River Ear Nose and Throat Prof; LLC. Should other arrangements for payment be necessary, please discuss this with one of our patient accounts personnel prior to your visit by calling 605-791-0602. There will be a late payment fee added to your account balance on each billing date for any amount that is 90 days past your older.

It is your responsibility to know if the physicians, Allied health professionals, or outreach providers of West River ear nose and throat professional LLC are in your insurance network. It is also your responsibility to know your insurance network coverage deductible and co-pay.

Unpaid accounts are billed on a monthly basis. We try to maintain a direct relationship with our patients both in the medical care and financial matters we will be happy to answer any questions that you might have about your account. However, you are responsible for payment of your account regardless of your insurance coverage.

Medical records:

If you wish to have a copy of your medical records, you must sign a release of records. This is available on our web site or at West River Ear Nose and Throat Prof,; LLC physical address. You may return the form by mail, fax or by bringing it to our office.

If you wish to have your medical records copied there will be a charge of \$1 per page up to 10 pages, pages 10-25 there will be a charge of \$11.62 and anything over 25 pages there will be a \$0.50 per page charge. We would appreciate at least a 48-hour prior notice. If the records are to be sent directly to another physician or facility, there is no charge. Please allow 30 days for your medical record needs to be addressed.

Federal identity theft regulations:

Federal regulations now require that we obtain proof of identity. Parents or legal guardians will be asked to present a driver's license or other photographic information as well as their current insurance card and proof of guardianship.

Surgery:

If you see a physician at West River Ear Nose and Throat Prof.; LLC and require a surgical procedure you will meet with a member of our surgery scheduling team. This process takes an incredible amount of time, coordination and effort. Therefore, West River Ear Nose and Throat Prof, LLC will require a non-refundable \$150.00 surgery deposit at the time of scheduling. This deposit will ensure you reserved time on the physician's surgery schedule.

Surgery Cancellation:

West River Ear Nose and Throat Prof; LLC does understand that uncertain life events prevent patients from keeping your surgery scheduled. If your unable to keep your surgery scheduled West River Ear Nose and Throat Prof; LLLC will require a 2-business day cancellation notice. If you fail to keep your re-scheduled surgery after the 2nd time West River Ear Nose and Throat will no longer honor your surgical needs.