



# EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Number: \_\_\_\_\_

Please be aware that certain procedures performed in our offices are not included in the standard office visit. These procedures will be billed separately and 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 insurance payment for an office visit but not a procedure. In such cases, payment for the procedure will be due from the patient. Be assured 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 fiber optic scope through the nasal cavity and into the throat. The fiber-optic scope enables the physicians to visualize areas of the throat not readily seen using the laryngeal mirrors.

**-Nasal endoscopy:** This procedure uses the flexible or rigid scope attached to a light source to view areas of the nasal cavity that cannot be viewed by the physicians using the standard nasal speculum and head mirror.

**-Nasal endoscopy with debridement or biopsy:** This is the same procedure as above with removal of crusting or tissue.

**-Comprehensive Audiometric Examination:** One of our Audio Technicians will test your hearing thresholds in a sound-proof booth by presenting a series of tones and recording the level at which you respond.

**-Tympanogram:** A tympanogram measures the movement of the eardrum by varying the pressure in your ear canal.

**-Otoacoustic emission test (OAE):** An Otoacoustic emission test measures an acoustic response that is produced by the inner ear, which in essence bounces back out of the ear in response to a sound stimulus.

Please speak to the clinical assistant if you have any questions.

\_\_\_\_\_  
 Patient Signature &/or Responsible Party Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Clinical Assistant initials)

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