



# SPOKANE VALLEY EAR, NOSE & THROAT AND FACIAL PLASTICS

## FINANCIAL POLICY

Thank you for choosing Spokane Valley Ear, Nose & Throat and Facial Plastics for your healthcare needs. The following information is being provided to assist you in understanding our financial policies. If you have any questions, always feel free to contact our billing office at (509) 928-6044 and we will be happy to help you.

**ACCOUNT RESPONSIBILITY** You are responsible for all charges incurred on your account. It is your responsibility to make sure that the information we have is current and accurate and to know what your insurance contract benefits will cover and pay.

**INSURANCE BILLING** If you have medical insurance, we will be happy to bill your insurance carrier(s) for you. **OFFICE VISITS AND PROCEDURES PERFORMED IN THE OFFICE ARE CONSIDERED SEPARATE BY MOST INSURANCE COMPANIES AND MAY GO TOWARD YOUR DEDUCTIBLE.** You will also need to check amounts of copays, deductibles and if referrals are required. If your insurance requires a referral, it is **your** responsibility to make sure that referral is in place prior to your appointment. **Insurance cards, DSHS Provider One cards and copays are always due at the time of service. If these are not presented, we may have to reschedule your appointment.** Any unpaid balance after insurance pays is the patient's responsibility.

**SURGERY POLICY** If you are having surgery and/or a procedure in the office or at a facility, as a courtesy we will check with your insurance for authorization needed and for **estimated** co-insurance/deductible amounts. Our billing department will notify you before surgery if we need to collect a co-ins/deductible amount prior to your surgery. If you are not able to pay the co-insurance/deductible estimate before surgery, we will be happy to reschedule your surgery to a more convenient time.

**PAYMENT TERMS** *Balances are due in full within 30 days of receiving statement*, unless arrangements have been made. All delinquent accounts will be turned over to our Collection Agency after 90 days. An interest charge of 1% will be added monthly to unpaid balances at 60 days.

**NO INSURANCE** If you have no insurance, payment in full is expected at time of service, unless arrangements have been made prior to your visit.

**PAYMENT METHODS** We accept cash, personal checks, Visa, Mastercard, American Express, and Discover.

**NSF CHECKS** A \$35.00 service charge will be assessed on all NSF checks.

**LAB CHARGES** All blood work, cultures and biopsies will be charged by an independent lab.

**INSURANCE & FMLA PAPERWORK** Forms submitted to us for completion such as insurance forms or FMLA are subject to a \$30.00 fee to cover administrative costs.

*I have read and understand each of the above items.*

**PATIENT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ revised 01/30/15

**SPOKANE VALLEY EAR, NOSE & THROAT (SVENT)**  
**Notice of Privacy Practices**

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By signing this form, you acknowledge that you have been informed that Spokane Valley Ear, Nose & Throat and Facial Plastics (SVENT) provides information about how we may use and disclose your protected health information (PHI). We encourage you to read the "Notice of Privacy Practices" posted in our lobby. If you would like a paper copy, please ask the receptionist.

Spokane Valley Ear, Nose & Throat and Facial Plastics may use the following methods of communication regarding information related to my personal health, treatment or payment for treatment. I acknowledge I am responsible for updating this information as necessary. This request supersedes any prior request for methods of communication I may have made.

**Please check all that apply:**

Can we leave a message on your answering machine/voicemail?  **Yes**  **No**

Can we leave a message for you at your work number?  **Yes**  **No**

Can we discuss your medical condition with family or friends who call the office?

**Yes**  **No**      If yes, whom may we speak to? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This section to be completed by Minors aged 13-18

**For Minors Ages 13-18**

I DO       I DO NOT       authorize my parent / guardian to view or access **ALL** my medical records, including any sensitive information. (Including reproductive care, sexually transmitted diseases, HIV/AIDS, drug and/or alcohol abuse and mental health)

*This authorization will remain in effect until the age of 18 or until revoked by you.*

Minor Signature if applicable \_\_\_\_\_ Date \_\_\_\_\_

Questions and/or concerns about our Privacy Notice or Practices should be directed to the Privacy Officer, Karen Caudill at 509-340-8316.

Patient's Printed Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient/Parent/Guardian) (Mo/Day/Yr)



**Spokane Valley Ear, Nose & Throat and Facial Plastic Surgery**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Reason for Your Visit: \_\_\_\_\_

How Long Have You Had Symptoms? : \_\_\_\_\_

**Past Medical History**

**Circle which of the following you have or had: Please Specify.**

Diabetes/Thyroid /Endocrine problems \_\_\_\_\_

Heart /Vascular problems \_\_\_\_\_

Lung problems/Asthma /Pneumonia \_\_\_\_\_

Kidney or Urinary problems \_\_\_\_\_

Liver problems or Viral Hepatitis \_\_\_\_\_

Bleeding or clotting problems \_\_\_\_\_

Cancer or any tumors \_\_\_\_\_

Neurologic/Brain problems/Headaches \_\_\_\_\_

Depression/Anxiety/Psychiatric \_\_\_\_\_

HIV or AIDS \_\_\_\_\_

Osteoarthritis or Joint problems \_\_\_\_\_

Rheumatoid Arthritis/Lupus/Autoimmune \_\_\_\_\_

Hearing or Vertigo disorders \_\_\_\_\_

Gastroesophageal Reflux /Esophageal \_\_\_\_\_

Speech or Swallowing disorders \_\_\_\_\_

Sinus/Nasal/Eye/Facial problems \_\_\_\_\_

Skin disorders \_\_\_\_\_

Sleep Disorders/Apnea/CPAP \_\_\_\_\_

**Past Surgical History** List all surgeries you have had:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family History

Indicate which of the following run in your family:

	Father	Mother	Sibling	Other
Cancer or Benign tumors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Allergies or Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Bleeding or clotting disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Heart or lung problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Diabetes, thyroid, endocrine problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Lupus, Multiple Sclerosis, autoimmune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Neurologic or genetic conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

### Social History

Occupation /What you do for work: \_\_\_\_\_

Who do you live with?: \_\_\_\_\_

Tobacco/Smoking:  Never     Previous; When did you quit? \_\_\_\_\_  Yes; How often? \_\_\_\_\_

Alcohol Consumption:  Daily     1-4 times/week     Less than 1 time/week     Never

Recreational Drugs:  Heroin or Opioids     Cocaine     Marijuana     Never     Other \_\_\_\_\_

Medications: (Include dosage, frequency and list all herbal, over-the-counter & topical treatments)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_

Drug Allergies: List drug and reaction:  None Known

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Please circle if you have ever had any of the following:

**Constitutional Symptoms**

Recent Headaches..... No Yes  
 Recent weight change..... No Yes  
 Recent Fever..... No Yes  
 Recent Fatigue..... No Yes

**Eyes**

Eye disease or injury..... No Yes  
 Wear glasses/contacts..... No Yes  
 Blurred/double vision..... No Yes  
 Glaucoma..... No Yes

**Ears/Nose/Mouth/Throat**

Hearing Loss/ringing..... No Yes  
 Earaches or drainage..... No Yes  
 Chronic sinus problems..... No Yes  
 Nose bleeds..... No Yes  
 Mouth sores..... No Yes  
 Bleeding gums..... No Yes  
 Bad breath or taste..... No Yes  
 Sore throat/voice change..... No Yes  
 Swollen glands in neck..... No Yes

**Cardiovascular**

Heart trouble/Disease..... No Yes  
 Chest pain..... No Yes  
 Palpitations..... No Yes  
 Shortness of breath..... No Yes  
 Swelling of feet/ankles..... No Yes  
 High blood pressure..... No Yes

**Respiratory**

Chronic/frequent cough..... No Yes  
 Spitting up blood..... No Yes  
 Asthma..... No Yes  
 Wheezing..... No Yes  
 Sleep Apnea..... No Yes

**Gastrointestinal**

Loss of appetite..... No Yes  
 Nausea/vomiting..... No Yes  
 Rectal bleeding..... No Yes  
 Abdominal pain..... No Yes  
 Ulcer..... No Yes

**Psychiatric**

Nervousness..... No Yes  
 Depression..... No Yes  
 Insomnia..... No Yes

**Genitourinary**

Frequent Urination..... No Yes  
 Incontinence..... No Yes  
 Blood In urine..... No Yes

**Musculoskeletal**

Joint pain..... No Yes  
 Weakness of muscles..... No Yes  
 Muscle pain/cramps..... No Yes  
 Difficulty Walking..... No Yes  
 Arthritis..... No Yes

**Neurological**

Frequent Headaches..... No Yes  
 Recurring headaches..... No Yes  
 Seizures/Convulsions..... No Yes  
 Numbness/Tingling..... No Yes  
 Tremors..... No Yes  
 Paralysis..... No Yes  
 Stroke..... No Yes  
 Head Injury..... No Yes  
 Memory loss..... No Yes

**Endocrine**

Glandular/hormone..... No Yes  
 Thyroid disease..... No Yes  
 Diabetes..... No Yes  
 Excessive thirst..... No Yes  
 Heat/cold intolerance..... No Yes

**Hematologic/Lymphatic**

Slow to heal..... No Yes  
 Easy bruising/bleeding..... No Yes  
 Anemia..... No Yes  
 Hepatitis..... No Yes  
 HIV..... No Yes

**Allergic/immunologic – Have you ever had a bad reaction to any of the following:**

Antibiotics..... No Yes  
 Penicillin..... No Yes  
 Morphine/Demerol/Codeine..... No Yes  
 Aspirin..... No Yes  
 Tetanus or other serum..... No Yes  
 Iodine..... No Yes  
 Shell fish..... No Yes  
 Narcotics..... No Yes  
 Anesthesia..... No Yes  
 Acute Infections..... No Yes  
 Latex..... No Yes  
 Other \_\_\_\_\_

Cancer/Other \_\_\_\_\_

Signature \_\_\_\_\_

*Patient/Guardian*

Last updated 04/28/15

**OFFICE USE ONLY**

**Spokane Valley Ear, Nose & Throat  
Evaluation & Management Form**

**and Facial Plastic Surgery**

Chief Complaint: \_\_\_\_\_

History of Present Illness: \_\_\_\_\_

Location: \_\_\_\_\_

Quality: \_\_\_\_\_

Severity: \_\_\_\_\_

Duration: \_\_\_\_\_

Timing: \_\_\_\_\_

Context: \_\_\_\_\_

Modifying Factors: \_\_\_\_\_

Associated S/Sx: \_\_\_\_\_

Vitals: Ht \_\_\_\_\_ Wt \_\_\_\_\_ T \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_

Constitutional:  well developed well nourished  nl communication & voice quality, no hoarseness or other dysphonia  
 \_\_\_\_\_

Head & Face:  symmetric appearance, no major scars, no skin lesions, no rash, no mass  nl palpation, no fractures, no sinus tenderness  parotid & submandibular salivary glands nl size, nontender, without masses  
 nl facial strength & tone  \_\_\_\_\_

Eyes:  EOMs intact without diplopia, nl primary gaze alignment  PERRLA  conjunctiva not dry, no cobblestoning  
 \_\_\_\_\_

Ears:  auricles nl morphology, no lesions, no mass, nontender, no erythema  EACs patent, nl caliber  
 TMs intact, nl mobility to pneumatic otoscopy  Weber midline, AC>BC bilateral  nl SRT /detects finger rub

Nose:  no external deviation, no sig asymmetry, no lesions, no mass  septum relatively midline  inferior & middle turbinates nl size, nl mucosa, no lesions  nasal mucosa nl, no polyps, nl secretions, no purulence, no lesions  
 \_\_\_\_\_

Oral Cavity:  lips without lesions, teeth intact with class I occlusion, gingiva without lesions  oral vestibule, buccal mucosa, hard palate, & tongue without lesions, no ulcers, no leukoplakia, no erythroplakia, no mass  
 \_\_\_\_\_

Oropharynx:  soft palate & uvula without lesions, no mass, nl elevation  lingual tonsils nl size, BOT without lesion or mass  
 pharyngeal tonsils symmetric, no erythema, no exudates, no hypertrophy, no lesions  
 posterior pharyngeal wall mucosa nl hydration, no cobblestoning, no lesions  
 \_\_\_\_\_

Nasopharynx:  adenoids without enlargement, tori /Eustachian tube orifice /posterior choanal area unobstructed  
 \_\_\_\_\_

Larynx:  VC mobile, no edema, glottis /epiglottis /false cords without lesions  \_\_\_\_\_

Hypopharynx:  pyriform sinuses symmetric, no pooling of secretions  \_\_\_\_\_

Neck:  no masses, trachea midline, no crepitus, no fluctuance  thyroid without enlargement, nontender, no mass or dominant nodule  \_\_\_\_\_

Lymphatic:  no cervical LAN, no supraclavicular LAN  \_\_\_\_\_

Respiratory:  symmetric chest expansion, nl effort, no intercostal retraction  lungs clear to auscultation all fields, no rales, no ronchi, no wheezing  \_\_\_\_\_

Cardiovascular:  RRR, no murmurs  carotid pulses symmetric, no bruits, peripheral pulses symmetric  
 \_\_\_\_\_

Neurologic:  CN II-XII intact bilaterally  \_\_\_\_\_

Psychiatric:  oriented to time, place, person  nl mood & affect, no depression, no anxiety, no agitation  
 \_\_\_\_\_

Other Notes:

\_\_\_\_\_  
\_\_\_\_\_