

Template Letter: Patient Notification February 2025

The following template letter is provided to AAO-HNS members as a resource to assist in **notifying patients regarding payer payment policies for certain in-office procedures**. It is intended for guidance only and should be customized to reflect your specific circumstances. Please ensure that all sections are tailored appropriately, including the addition of your organization's letterhead or logo, completion of blank fields, and removal of any content not relevant to your case.

Questions? Contact the Academy's Health Policy Advocacy Team: <u>healthpolicy@entnet.org</u>.

[Insert Date] Patient Name: [Insert Patient Name]

Dear Mr./Mrs./Ms. [Insert Patient Last Name],

Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately and in addition to office visit charges. Please note that some insurance carriers classify these procedures as "surgery," which may result in the charges being applied to a higher deductible. In such cases, insurance may cover the office visit but not the procedure, leaving the patient responsible for the procedure's payment. Please be assured that we are following standard 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 thin, flexible fiberoptic scope through the nasal cavity and into the throat. The fiber optic scope enables the physician to visualize areas of the throat not easily seen using standard laryngeal mirrors.
- Nasal Endoscopy: This procedure involves utilizing a flexible or rigid scope attached to a light source to view the nasal cavities. The scope enables the physician to

visualize areas of the nose not easily seen using the standard nasal speculum and head mirror.

• Nasal Endoscopy with Debridement or Biopsy: This procedure uses the technique described above, with the removal of excess debris, crusting, or blood clots as needed.

Please speak with our nurse or clinical assistants if you have any questions.

Sincerely,

[Insert Physician Name] [Insert Practice/Institution Name]