



# ENT & ALLERGY CENTER OF AUSTIN

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

DOB: \_\_\_\_\_

## DISCLOSURE & CONSENT - IN OFFICE PROCEDURE(S) (IOP)

I (we) understand that the following procedure(s) may be planned for me and I (we) consent & authorize the following procedure(s).

I (we) voluntarily request Dr. Karen Stierman and/or Dr. Russell Briggs as my physician, and such associates, technical assistants, and other healthcare providers as they deem necessary, to diagnose/treat my condition.

**I further understand these procedures are subject to my deductible and out-of-pocket maximum and are due at the time of service.**

### Procedure:

\_\_\_\_\_ 31231                      Nasal Endoscopy, Rigid  
\*Deductible Only Estimate: \$229.14 | Coinsurance if Deductible Met: 10% to 50% - Range: \$22.91-\$114.57

\_\_\_\_\_ 31237                      Nasal Endoscopy with debridement  
(Not covered in the postoperative period)  
\*Deductible Only Estimate: \$292.36 | Coinsurance if Deductible Met: 10% to 50% - Range: \$29.24-\$146.18

\_\_\_\_\_ 31575                      Laryngoscopy, Flexible Fiberoptic  
\*Deductible only Estimate: \$137.34 | Coinsurance if Deductible Met: 10% to 50% - Range: \$13.74-\$68.67

\_\_\_\_\_ 69210                      Cerumen Removal (Impaction)  
\*Deductible Only Estimate: \$53.96 | Coinsurance if Deductible Met: 10% to 50% - Range:\$5.39-\$26.98

I (we) understand that with any medical procedure, there are certain risks involved. These risks include, but are not limited to:

- Respiratory complications including hoarseness or changes in vocal responses or speech
- Dysphasia (Difficulty swallowing)
- Perforation of larynx, bronchus, or esophagus
- Damage to adjacent structures, scarring, bleeding, injury to blood vessels or nerves, or infection
- Need for further procedures

\_\_\_\_\_  
Patient/Legal Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature