

Thank you for choosing Audiology & Hearing Aid Solutions as your hearing health care provider. Your clear understanding of our Patient Financial Policy is important to our professional relationship. If you have any questions about our fees, our policies, or your financial responsibilities, please do not hesitate to ask the office staff.

It is your responsibility to notify our office of any patient information changes (i.e., address, name, phone numbers, insurance information, etc.).

PAYMENT

- Unless an arrangement is made with the office and/or insurance will be covering your service or purchase, payment in full is due at the time of service or when hearing aids or accessories are delivered to you.

INSURANCE

- It is the patient's responsibility to provide our office with current insurance information.
- It is the patient's responsibility to understand their benefit plan. It is the patient's responsibility to know if a written referral or authorization is required to see specialists, and what services are covered.
- If current information is not obtained at the time of service, it will become the patient's responsibility to pay the entire balance until current information is provided to our office.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, and pursuant to contractual obligations, we file your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply information as necessary. You are ultimately responsible for the timely payment of your account.

BALANCES

- Co-payments, deductibles, co-insurance and estimates are the patient's responsibility.
- If not paid at the time of service, these will be billed to you after the insurance carrier has processed the claim. Your remittance is due within 10 business days of your receipt of your bill or a call from our office.
- Any overdue balances may be processed by a collection agency for additional collection efforts.
- Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.
- Questions about how your claim was processed are to be directed to your insurance carrier.

ACCEPTED FORMS OF PAYMENT

- Cash, Checks, Visa, Mastercard, American Express and Discover.
- We also accept HealthiPlan and CareCredit.

RETURNED CHECKS

- For any checks returned for insufficient funds, we will charge you any bank fees we incur.

I have read and understand this Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name (Print) _____

Patient Signature _____ Date _____

Responsible party (if other than Patient):

Print _____ Relationship: _____

Signature _____ Date _____

