



OUR FINANCIAL POLICY

Thank you for choosing us as your hearing healthcare provider. We are committed to your better hearing. Please understand that payment of your bill is considered a part of your service. The following is a statement of our Financial Policy, which we require you read and sign prior to any service.

All patients must complete our information and insurance form before seeing the hearing healthcare provider. If we do not bill your insurance and you pay at the time of service, you will receive a discount for that service. We Accept Cash, Checks, And Many Major Credit Cards. We Offer An Extended Payment Plan With Prior Credit Approval Through Care Credit And Help Card.

We routinely file claims for insurance payment. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Services are rendered to our patients, not to the insurance company. Thus, insurance companies are responsible to the patients and patients are responsible to the doctor. This means that our office will do what we are able to in order to help get your claims paid, however the patient is ultimately responsible for the balance.

Our practice is committed to providing the best service for our patients/clients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

If your account becomes delinquent and is turned over to a collection agency, you will be responsible to pay all legal, court and collections costs and may be responsible for additional fees as applicable. In addition, all discounts that had been given prior will no longer be applied to your account.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy:

X _____
Signature of Patient or Responsible Party

Date: _____