



Summary of Financial Agreement

INSURANCE:

If you have medical insurance, we are pleased to help you receive your maximum allowable benefits. To achieve these goals, we need your assistance, and understanding of our payment policy. You will be asked to update your demographic and insurance information annually, including providing our office with copies of your insurance card(s) and photo ID. We are required to obtain your signature for permission to release information to your insurance carrier annually. Our failure to obtain these updates could result in criminal and civil penalties and/or expulsion from your insurance plan. Please assist us in complying with your insurance company's requirements. We submit fees for your covered medical services to your insurance company and expect payment of all services within 60 days. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. It is your responsibility to understand your coverage and benefits, including precertification, referral and authorization requirements. We, however, will assist you to insure all plan requirements are met. MEDICARE: We will file your claim with Medicare. If you desire, we will file your secondary insurance for you once we receive payment and the Medicare Explanation of Benefits, provided we have the most current valid secondary insurance information.

For hearing aid purchases:

The Balance and Ear Center will be happy to file a claim with participating insurance plans if you provide us with accurate information in a timely manner. If payment is denied because you are not covered under the plan, then you will be responsible for the entire balance. We will do our best to determine in advance whether your insurance will cover the devices and procedures listed above, however, the purchaser is responsible for any unpaid balance due and payable upon receipt of your hearing device(s). At times an insurance plans allowable fee does not cover the entire cost of the purchase agreement, in such an incident the purchaser is responsible for paying for the remaining balance of this contract.

Option 1. YES. I want to receive these items or service. I understand that my insurance policy will not decide whether to pay unless I receive these items or services. Please submit a claim to my insurance company. I understand that you may bill me for items or services and that I may have to pay the bill while my insurance policy is making its decision. If my insurance policy does pay, you will refund me any payments I made to you that are due to me. If my insurance policy denies payment or the allowable fee doesn't cover the cost of this contract. I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal my insurance policy's decision.

Option 2. No. I have decided not to receive these items or service. I will not receive these items or service. I understand that you will not be able to submit a claim to my insurance policy and that I will not be able to appeal your opinion that my insurance policy won't pay. The purchaser understands that the seller is an audiologist and not a medical physician. No examination or representation made by the dispensing audiologist should be regarded as a medical examination, opinion or advice. The hearing device(s) will not restore normal hearing nor will it prevent further loss of hearing.

PAYMENT FOR SERVICES:

Payment for services, including co-pay, co-insurance and deductible amounts, is due at the time services are rendered, unless our billing staff has approved payment arrangements in advance. Individuals wishing to be billed for their co-insurance and deductible balances after insurance has settled will need to provide 1 of the 2 following forms of collateral to have credit with our company: A: Date of Birth and Social Security Number of the responsible party or B: Put a credit card on file which we will charge once insurance has settled. Our failure to collect these amounts may be a violation of our contract with your insurance company and may result in civil and criminal penalties and/or expulsion from your insurance plan. In addition, your failure to pay the required co-amounts is a violation of your financial responsibility for coverage and we may report your refusal to pay these amounts to your employer and/or insurance company representative. We accept cash, checks, Mastercard, VISA, Discover, American Express and third-party financier of Wells Fargo and CareCredit. By using a check for payment, you agree to the following terms: In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount, plus any applicable fees as permitted by state law.

Returned checks, balances older than 60 days, and failure to pay account balances as promised may be subject to external collections and additional collection fees, including attorney and other court fees. We may investigate your credit record to determine your ability to pay your debt. When scheduling for audiology testing, if insurance eligibility shows you have not met your annual deductible, you will be asked to confirm your testing appointment with a credit card hold.

Cancelled appointments:

Charges will be made for broken appointments and appointments cancelled without 24 hours advance notice. Your cooperation in canceling your scheduled appointment well in advance of the appointment allows us the opportunity to offer your appointment to other individuals who need medical care. A pattern showing a repetitive failure to show for a scheduled appointment will result in a \$100 cancellation fee.

General:

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. It is important to understand we do participate in many of the local insurance plans. Your insurance, however, is a contract between you, your employer and the insurance company. We are not informed directly about the specific of that contract. We are very sensitive to keeping health care costs affordable to our patients. As a result, we take great care to ensure our fees are consistent with the charges in this geographic region. Your insurance company may not use "reasonable charge information" specific to this region and specialty of otolaryngology. In fact, many carriers purchase non-specific data and/or do not update their information on an annual basis. Most reputable insurance companies consider our fees usual, customary and reasonable. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. We must emphasize that as the medical care providers, our relationship is with you, not your insurance company. 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. It is also your responsibility to obtain referrals or pre-authorization as required by your insurance company (though we will do all we can to help.) ***Co-payments must be paid at the time of your visit.***

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in management of your account. Our philosophy is to help provide payment solutions thus allowing for full recovery of balance. We ourselves are humans and need help from time to time as well, so we will be understanding and will work to find the best solution possible for all parties involved. If you have any questions on the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. Outstanding balances will need to be satisfied before additional appointments are scheduled.

My signature below constitutes acknowledgement and acceptance of this policy.

Patient or guarantor (Printed)

Date

Signature