Our Financial Policy

Thank you for choosing us as your provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to any treatment.

PAYMENT IS DUE AT TIME OF SERVICE.

Regarding Insurance

We may accept assignment of benefits as a service to you. This means we will file a claim with the insurance company for their estimated portion of coverage. However, we must have your insurance information before you schedule your appointment. We are unable to bill your insurance unless you provide us with current insurance information. The balance is your responsibility whether your insurance pays or not.

Your insurance policy is a contract between you and the insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits from your insurance company, we do require that your account is paid in full within 60 days if the insurance company has not paid their portion. Your percentage of responsibility is due at time of service. For example, if the insurance company pays 80% of a covered service, the remaining 20% of the balance, plus any deductible, will be due the day of your appointment.

Please be aware that some, and perhaps all, of the services provided may be non-covered or not considered reasonable and necessary under your insurance plan. You will be given an **ESTIMATED** amount due before your appointment.

- Each plan utilized in our office has different percentages, deductibles, maximums, services covered, and varying fees that the plan will allow. We will do our very best to make a close ESTIMATE of what your insurance plan will cover, HOWEVER, we may not be able to provide exact monetary coverage. There may be variances for which the patient is individually responsible.
- Many services are NOT covered by insurance carriers. We make our recommendations based on your needs and not what your insurance may or may not cover.

If your account goes over 90 days past due, it will be turned over to our collection agency.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients 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. Our office files claims with insurance companies throughout the United States, and each company has their own usual and customary fees for hearing and speech services.

Adult Patients

There is a \$35 service charge for all returned checks. If a check is returned, you will be notified by letter and telephone. You will be given five (5) business days to bring in your payment which must be by cash, credit card, or money order. If payment is not received within five business days, your account will be turned over to a collection agency and their fees will be added to your account balance.

Minor Patients

The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment.

Collection Agency

If your account is not paid in full within 90 days from the date of service, it will be turned over to a collection agency. It is your responsibility to make sure the insurance company pays us in a timely manner, because the contract is between you and the insurance company. They are paying on your behalf. Should your account balance be turned over to a collection agency, any collection or legal fees that are incurred to collect the amount owed to our office will be charged to your account. Our collection agency charges a 25% fee. For example, if your balance is \$1000, another \$250 would be added to your account for the collection fees.

Please let us know if you have any questions or concerns prior to signing this form.

I have read, understand, and agree to this Financial Policy.		
Patients Name (Please Print)		
Signature of patient or responsible party	Date	_