

## **FINANCIAL POLICY**

Thank you for choosing us as your Audiology & Hearing Aid Center. We are committed to giving you excellent treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

All patients must **complete** our “Patient Information Form” before seeing the Audiologist.

We accept cash, check, Visa, and Mastercard. Payment arrangements can be made through our office. Interest will be charged on accounts with balances at 90 days at the rate of 1.5% per month or 18% annually (except when prohibited by law).

Your insurance Policy is a contract between you and your Insurance Company. We are not a party to that contract. We do, however, bill all primary insurance. Insurance Companies we have contracted with will be billed for office visits.

If your insurance has not paid your account in full within sixty days of billing we will require the balance to be paid by cash, check or credit card.

Each Insurance company has its own method of determining how much they will pay on each claim. We will help you with any insurance problem you might have.

### **WORKERS COMPENSATION:**

We do not accept out of state Worker’s Compensation Patients.

Please let us know if you have any questions and concerns.

**I HAVE READ THE FINANCIAL POLICY. I UNDERSTAND AND AGREE TO COMPLY WITH THIS FINANCIAL POLICY.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient/Responsible Party