

POLICIES AND PROCEDURES

PATIENT NAME: _____

DATE OF BIRTH: _____

Thank you for choosing Happy Ears Hearing Center™ for your hearing healthcare. We are committed to providing the highest quality, hearing healthcare and we must work together to ensure that reimbursement for our services is straightforward and timely. We realize that questions may arise about our payment and collection policies, and this notice is designed to provide an overview of these policies. Please carefully read and sign the following statement of our office policies before your treatment. If questions should arise, our practice administrator will be happy to discuss these policies with you.

INSURANCE:

1. You are ultimately responsible for payment of your hearing care services if your insurance carrier does not pay for any reason, and you are expected to pay for any co-payment, deductible, or non-covered amounts at the time of service. Your insurance company may not pay for all of your hearing healthcare costs. IT IS YOUR RESPONSIBILITY TO KNOW YOUR INSURANCE COVERAGE. Insurance policies exclude some non-covered services; however, this does not mean that services are unnecessary. It means that the insurance company may not pay for it. Please keep in mind that your insurance policy is a contract between you and the insurance company. The audiologist has no control over which services the insurance company does or does not cover.
2. To bill your insurance company for your hearing services, you must provide our office with accurate billing information, your insurance card, as well as your photo identification. If you do not provide this information, please expect to pay in full at the time of the office visit for services rendered. The patient is responsible for obtaining all necessary information regarding referrals or authorizations from their physician. Failure to do so may result in denial or delay of payments. Insurance companies deny claims that are not submitted within 90 days of service. If you do not submit your current insurance card to the office at the time of the visit, you may be responsible for denied claims. We reserve the right to reschedule your appointment if the applicable co-payment or appointment charge is not paid in full at the time of appointment check-in.

BILLING:

1. As a courtesy to you and if it is a covered benefit, we will bill your insurance company for hearing technology services. If your insurance changes, it is your responsibility to provide us with updated insurance information.
2. Arizona law requires insurance companies operating in the state to process claims within 30 days. You are responsible for promptly providing your insurance company with any requested information needed to process your claim.
3. In addition to co-payments and deductibles, you are responsible for paying for denied or non-covered services as determined by your insurance company. If our audiologist is an "out of network provider" for your insurance, the deductibles and co-insurance amounts are usually higher. Your insurance policy, not our office, determines the amounts. Our office manager will check your insurance before the office visit to determine if you have a benefit for hearing healthcare. Most insurance companies do not cover hearing technology. We attempt to verify coverage before you visit with the information you provide. Verification of coverage does not guarantee the insurance company will pay for the visit. If you do have a benefit for hearing technology, our office manager will let you know at the time of service.
4. If making payment with a check, there will be a \$25.00 service fee for all returned checks. Any checks returned for any reason must be paid with certified funds (cashier's check, cash, or money order).
5. If an additional balance is due after insurance payment, it will be your responsibility. If this is the case, you will receive a call from our office and a statement explaining any balance due after insurance pays their portion. You have 30 days to pay the balance due in full. Delinquent accounts will be transferred to a collection agency or our attorney when payments are not made in accordance with our policy. In the event of default, you will be required to pay collection costs and reasonable attorney fees. Accounts sent to collections are reported to all three major credit bureaus and are on file for seven years.

Please understand that maintaining financial viability is the only way our office can continue providing quality hearing healthcare for our patients. Your understanding and cooperation enables us to deliver the highest quality care you deserve and expect.

I UNDERSTAND AND ACKNOWLEDGE THIS FINANCIAL POLICY.

Patient/Responsible Party Signature

Printed Name

Date