

# ASH Audiology

## Office and Financial Policy: Terms of Use

**Welcome to our Office:** Please read this policy carefully and feel free to ask questions regarding any part of the form. We hope you will recognize our financial policies have been developed to maintain this health care service for our patients and for the community, which means lower fees for you. Payment for services is due in full at the time of service. Payments to ASH Audiology may be made by cash, check, Visa, MasterCard, Discover, American Express, or approved financing companies.

**Verification of Benefits:** We may assist you, at our discretion, in verifying your insurance coverage in an effort to verify what audiology coverage is available within your policy. You as the policy holder are primarily responsible to verify benefits. If it is determined your insurance does offer benefits, it is your responsibility to notify ASH Audiology PRIOR to services being rendered or ordering of your hearing aids. We cannot guarantee payment of benefits and subsequently you may be responsible for any coinsurance, deductibles, or fees for non-covered services that may result. Insurance coverage is an agreement between you and your insurance carrier.

**Referrals:** If your insurance company requires a referral and/or preauthorization/precertification you are responsible for obtaining it. We most likely will not be able to obtain a referral on the date of service. An option at this point will be to reschedule the appointment or to pay at the time of service. We suggest you call your primary care doctor at least 24 hours in advance to confirm your referral has been generated and faxed. The most reliable method is to obtain it yourself.

**Medicare:** We accept assignment from Medicare so all payments from Medicare will be made directly to the doctor. We bill Medicare and your supplemental insurance directly. We are required by Federal Law to collect the amount Medicare approves, not just the 20% they do not pay.

**No Show and Cancellation Appointments/Late Arrivals:** Please give at least 24-hours' notice if unable to keep an appointment. We reserve the right to charge a \$25 fee for missed appointments or appointments cancelled without a 24-hour notice. We understand late arrivals happen. Unfortunately, we have patients scheduled throughout the day and may not be able to see you if you arrive more than 15 minutes after you scheduled appointment time.

**Returned Checks:** There is a fee for any checks returned by the bank.

**Monthly Statement:** If your account has a balance, we will send you a monthly statement, which will be the patient's responsibility.

**Payments:** Unless other arrangements are approved by us in writing, the balance on your account is due and paid within 30 days after the statement is issued. If the account is not paid within the 30-day time period it will be considered past due and be subject to additional past due charges and be subject to a 1.5% interest fee per month.

**Past Due Accounts:** If your account is past due, in addition to past due charges we will take the necessary steps to collect this debt by means of collection services. In the event of legal action, you will be responsible for payment of any additional charges equal to the cost of collections, including agency fees, attorney fees, and court costs incurred, as permitted by law governing this transaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Patient (Self, Spouse, etc.): \_\_\_\_\_