

Patient Name

DOB

Financial and Insurance Policy

Your insurance policy is a contract between you and your insurance company. Though we file insurance claims as a courtesy to our patients, we cannot guarantee payment of your claims or accept responsibility for negotiating claims with your insurance company. All charges incurred are ultimately the responsibility of the patient/guarantor. Codes bill for services including not covered by insurance will be the responsibility of the patient/guarantor. Full policy on is on the back of this form. I have read and understand this policy.

Signature of Patient (Parent signs for minors)

Date

I authorize Horan & Fevold Hearing Clinic to release information requested as it pertains to the processing of my claims.

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services or products rendered. I understand that quoted insurance benefits may incomplete or inaccurate. I have read all the information on this sheet and certify that this information is correct to the best of my knowledge. I will notify Horan & Fevold Hearing Clinic of any changes in my health status or in the above information.

Signature of Patient (Parent signs for minors)

Date

Acknowledgment of Notice of Privacy Practices

I acknowledge Horan & Fevold Hearing Clinic's privacy practices were disclosed to me and are posted in the office where I can view them. I am aware I can also request of physical copy.

Signature of Patient (Parent signs for minors)

Date

Financial & Payment Policy

Payment in full is due at the time the services are provided. You are responsible to pay all out of pocket expenses, such as co-payments, co-insurance, deductibles, and the costs of non-covered services on the date the service is provided.

For new hearing aids, payment is due in full on the date of service (date product/services are received). If there is a partial insurance benefit, then subtract the expected benefit from the total amount.

For hearing aid repairs, upgrades and accessory products, payment is due in full the day the product is delivered.

When payment is made in full and not billed to insurance, the following discounts apply:

- Cash/Check/Credit Card (9% discount)
There will be a \$30 fee for all bounced or returned checks.
- O.A.C. Financing through Care Credit (6% discount)
(Deferred Interest Financing) 6 or 12 month plans available, subject to approval by Care Credit. Details on www.carecredit.com

PAST DUE ACCOUNTS:

Balances that are overdue by more than 30 days will be subject to a finance charge equal to 18% Annual Rate [1.5% per month] OR a minimum of \$10.00. Finance charges will be calculated the first day of each month.

It is important that each patient accepts and meets their financial obligations to this practice. Otherwise, we will be unable to provide care to any of our patients. Horan & Fevold Hearing Clinic reserves the right, following 120 days of the initial invoice date, to forward all outstanding balances to either a third-party collection agency and/or small claims court. We also reserve the right to discontinue care or service to patients who have not met their financial obligations to us.