

Northeast Houston Hearing Services, Inc.

18525 W. Lake Houston Pkwy. Ste 102A
Humble, TX 77346
Phone (281) 361-4327 Fax (281) 361-3094
www.nehoustonhearing.com

Insurance Authorization and Financial Policy

Thank you for choosing Northeast Houston Hearing Services as your hearing health care provider. We are committed to providing you with quality care and treatment. Your commitment includes financial responsibility for services received through this practice. The following is a statement of our financial policy. **We require you to read and sign this document prior to receiving services.**

Insurance reimbursement

Responsibility for payment of your bill is your obligation regardless of insurance coverage. Insurance is filed as a courtesy to you. Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claims. We want to make sure; however, that you understand payment for services is your responsibility. You will also be responsible for all non-covered services, amounts exceeding allowed charges, co-pays and deductibles, including Medicare. All co-pays are due at the time of service.

Cancellation Policy

We value our patient's time and work hard to see that our patients are seen in a timely manner. We appreciate patient's arriving promptly for appointments and giving the customary 24 hour notice when cancellation becomes necessary. For the benefit of all our patients, know that patients who arrive more than 15 minutes late may have to be rescheduled.

Signed Authorization for Insurance

- I hereby authorize Northeast Houston Hearing Services, Inc. to furnish information to my insurance carriers and physicians concerning my illness and/or treatment, or my child's illness and/or treatment.

Signed Acknowledgement for Financial Responsibility

- I also acknowledge responsibility for payment of all medical fees **I am billed for**, regardless of any insurance I may have.

Patient or Guardian Signature: _____

Print Name: _____

Date: _____