

Wake Audiology & Hearing Aid Associates

OUR FINANCIAL POLICY

PLEASE READ CAREFULLY

We are committed to providing the best possible hearing healthcare. We are happy to file charges with your insurance carrier, but you are responsible for contacting your insurance carrier to verify your benefits. The contract with your insurance is between you and your insurance carrier. You will be responsible for any portion that your insurance carrier assigns to you. We accept cash, checks, MasterCard, Discover, and Visa.

If we participate with your insurance carrier, only your co-pay is due at the time of service. Your insurance carrier will notify us of any deductibles or other charges for which you are responsible, and we will send you a bill for that amount. **Unfortunately, some insurance carriers do not consider hearing healthcare to be a covered service, and you will be notified if they deny these charges. You will be responsible for any charges that your carrier assigns to you.**

If we do not participate with your insurance carrier, full payment is expected at the time of service, but we are happy to file a claim for you. Many carriers will reimburse you for your hearing healthcare; however, your bill is your responsibility whether your insurance company reimburses you or not.

Please note: We will bill you for any charges that your insurance carrier assigns to you. An interest fee of 5% will be added to unpaid balances greater than 30 days from the original billing date. Should legal action be required to obtain payment, the undersigned patient/responsible party agrees to pay all collection fees, court costs, and attorney fees. A \$50.00 fee will be charged for returned checks.

No-Show Policy: Appointments in this office typically range from 45 minutes to 1 ½ hours. This is time set aside just for you; therefore, it is important that you give 24 hours notice if you need to reschedule. **We reserve the right to add a \$50 fee to the patient's account for a no-show or late cancellation.**

Please read and sign: I hereby authorize Wake Audiology & Hearing Aid Associates, PLLC to bill and receive payments from my insurance carrier. A photocopy of my insurance card is to be considered as valid as an original.

I have read and agree to abide by the Financial Policy of Wake Audiology & Hearing Aid Associates, PLLC:

Signature of Patient or Responsible Party

Date